15/5/2010

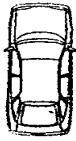|	
INS. CASE OWNER:	LKK:
	IDAC: 212208

CC4/ASM21005865/pa3

ASSIGNMENT CC4/ASM21005865/Upa3

Surveyor: **Marcus** DOI: 18/05/2021 Date / Time : 17/05/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGT 3983E** Claim No. : **S1M03A55**

Name of Insured : _____ Policy No. : **GA569079**

Insured Tel No. : _____ HP: _____ Make / Model : **Kia Carens**

Excess Sec II :S$ D.O.A : 14/05/2021 13:15 Place of Accident : **GEYLANG ROAD, AFTER SIMS WAY SLIP ROAD.**

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

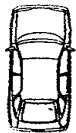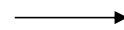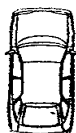Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____% **Final ? Yes / No**
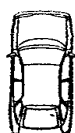
GBH 5742T ➝ **SGT 3983E** ➝ **FBR 2289C** ➝ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: **H L Cycle**	WSP:
Tel :	Tel :	Tel : **Pte Ltd**	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: **OI**	RMKS: **TP**	RMKS:

Date/ Time	FBR 2289C - X SGT 3983E - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
20/05/2021	Pls refer to Views for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
	*NO DS. Lawyer case	Notification ltr (if non-pickup)	
	*Pls refer to AXA Vendor Engage	After call ltr to OI	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos: _____ Others: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/sum** S$ **700.00** (**2** days) Reduction: **76** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$		
Medical:	S$	1) Claim status: ~~Normal/Reject/Private Settle~~ /WP	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S$	3) Survey fee: $250.00	
Total:	**S$** Global Sum S$:		

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: