15/5/2010

INS. CASE OWNER: KHOR Saw Theng | CC4/ASM21007181/Apa3 | LKK: IDAC: 218011

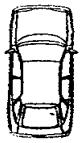
ASSIGNMENT

Surveyor: ADRIAN DOI: 28/06/2021 Date / Time : 30/06/2021

*** SURVEYOR SURVEY BEFORE AXA GV ASGN.

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 5886H Virtual Account

Name of Insured : F R R CONSTRUCTION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 24/06/2021 17:00

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

If **NO**, Driver Name / Age : KRISHNAMOORTHY PUGAZENDHI

Driver Tel No. : (V/L: YES / NO)

Claim No. : S1M03CJ0

Policy No. : GA548551

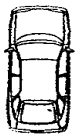
Make / Model : MITSUBISHI CANTER

Place of Accident : ONE SPACE CARPAKR @ SERANGOON RD

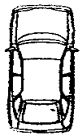
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

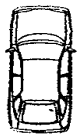
SKC 825R →



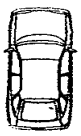
INSRS:
WSP: KT
Tel : MOTORWERK
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKC 825R - X YN 5886H - X	
12/10/2021	Pls refer to VIEWS for details.	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 6,400.00 (4 days) Reduction: 63 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/10/2021 Confirm with John Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,400.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($100 x 4 days)	
Loss of Income (LOI):	S$ ($ 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
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 6,800.00 **Global Sum S$:** 6,800.00	

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

Payee 1:	S$ 6,800.00	Name 1:	KT MOTORWERK
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	