15/5/2010

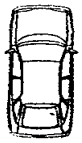
INS. CASE OWNER: LOH Cynthia | CC4/ASM21007946/Upa3 | LKK: IDAC: 221578

ASSIGNMENT

Surveyor: MARCUS DOI: 27/07/2021 Date / Time : 26/07/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 351L Claim No. : S1M03E30

Name of Insured : CITYCAB PTE LTD Policy No. : P2419140

Insured Tel No. : HP: Make / Model : Hyundai Ae ioniq

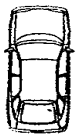
Excess Sec II :S$ D.O.A : 17/07/2021 14:15 Place of Accident : Pasir Ris Dr 1, Singapore

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

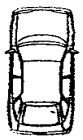
If **NO**, Driver Name / Age : FONG CHEE FONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

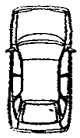
FBQ 9099T → → →



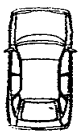
INSRS:
WSP: Erofia Motor
Tel : Trading Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBQ 9099T - X	**STAGE** **DATE / PIC**
	SHA 351L - CC4/FCI20010411/Ada3s2 ; 26/09/2020	Non-Reporting ltr (1st):
	CS/FCI15003741/T1qy3k3 ; 27/02/2015	Non-Reporting ltr (2nd):
	CS/FCI16015673/K1qh3c2 ; 19/08/2016	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
	*TP pass lawyer	After call ltr to OI:
	*Submit WP report to AXA. C/O Seah Ong	**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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 1,700.00 (3 days) Reduction: 72 %		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$:**	Bill AXA, C/O Seah Ong & Partners LLP

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:	