15/5/2010

INS. CASE OWNER: ANG Yvonne 6568804461

CC4/ASM22003050/Apa3

LKK:

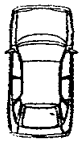
IDAC: 256040

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 01/04/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 9258M Claim No. : S2M03WRI

Name of Insured : WOO HONG SOON DON Policy No. : GA589206

Insured Tel No. : HP: Make / Model : Honda Jazz

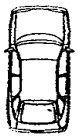
Excess Sec II :S$ D.O.A : 25/03/2022 08:30 Place of Accident : LORNIE FLYOVER TWDS TOA PAYOH

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

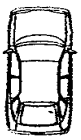
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

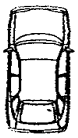
GBH 6085A → → →



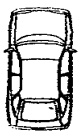
INSRS:
WSP: HD Perfect Autowork Pte Ltd
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH 6085A - CS/CTI20013093/Usd3q2 ; 25.11.2020	Non-Reporting ltr (1st):	
	SJK 9258M - X	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$ 5,700.00 (6 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/01/2023 Confirm with Irene Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,500.00 (as per AXA mandate)	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 700.00 ($100 x 7 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 36.45	
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: $350.00
Total:	**S$** 6,236.45 **Global Sum S$:** 6,200.00	

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

Payee 1:	S$ 6,200.00	Name 1:	HD Perfect Autowork Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	