15/5/2010 Peter Wong ~~Kate~~

INS. CASE OWNER:

CC 4 /AXA1700 5099 / M1 ~~W~~ B/L Ps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MCF

DOI: 14/3/17

Date / Time : 14/3/17

Registered in Merimen: 14/3/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 9036Y

Name of Insured : TRANS-CAB SERVICES P/L

Insured Tel No. : HP:

Excess Sec II :S$ $5000 D.O.A : 9/3/17

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

If NO, Driver Name / Age : YANG KOH LEE

Driver Tel No. : 90679931 (V/L: (YES) / NO)

Claim No. : C04N2624

Policy No. : VPX/P1680520

Make / Model : TOYOTA

Place of Accident : AIRPORT BOULEVARDS

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

Insured Liability : % Final ? Yes / No

SH 6177S → →

INSRS:
WSP: Chunni
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

URGENT

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 6177S - X SHD 9036Y - X
21/4/17	
Vivian	
25/4/17.	email workshop liability unclear.
1/7/19	- PIR against ~~TP~~ OI.
18/11/19	- File -> type moratorium
29/9/2020	- Pls see VIEW for details.
	* No letter to OI as AXA had conducted investigation & cleared OI.

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/S	S$ 39650-W (22 days) Reduction: 75. %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/9/2020	Confirm with William	Email ☑ Call ☑
Final Liability:	% 100. (Agreed / (Assessed)) BOLA S/N No. : NIL.		If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 42425.50		
Loss of Rental (LOR):	S$ 3957.84 (23 days) x $172.08		
Loss of Use (LOU):	S$ ($ - 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
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: SP
Legal Cost	S$ -		3) Survey fee: $350-W
Total:	**S$** 46383.34	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4638334	Name 1: Chunni Motor Work Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

08/10/13

Surveyor: mohmen

REF: AXA

ASSIGNMENT

From: ______ Date: 14/03/2017

Estimated Cost: ______

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SH 6177S

at Workshop m/s: Onumi Motor

of: Blk 10 AMK Ind Park 2A #03-19

Insured: ______

Policy No. ______

Claims No. ______

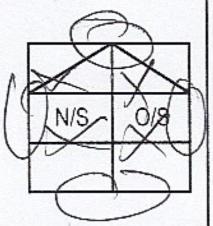
Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 22 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SH6177S. Yr Regn: MAY /2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or ______

Make: MERC E220 c.c 2143

Colour: White A/C: Insured / Std / NI / NA

Sp.Reading: 222226. T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WDD2120012B170592

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ______

Brake: (Inorder) / Jammed / Leaked / Burnt or ______

Modi : Nil / (S/Rim) / STD A/Rim or ______

Tyre Size: F: 225/55/R16

R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or MAXXIS.

	Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 9/3/2017 D.O.I. 14/3/2017

Survey held at: —

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or REAR / FRT / OS BODY / N/S BODY

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	4/S $ 51K CReel $ 105524.79 / 68%
	9/3/17 – 6/4/17 = 29days
	22 + 1 14/3/17 – 6/4/17 = 23days.
	4/S $ 39650.00 CRed $ 119870.79 / 75%.

Date/Time, File Pass to? ☐ : Preli. Report

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Report Format : ______

Lump Sum / I.B.I: ($ ______)

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______) __S + RS, __SI
☐ : Interview ($ ______) Photos
☐ : Tech. Invs ($ ______) Others
☐ : Weekend ($ ______)

Survey Fee:

Transportation:

TOTAL