15/5/2010

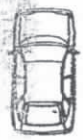
INS. CASE OWNER: ERNEST TAY | CC 4/AXA1701 9862 / Tiya3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Wilson / Tanfitch DOI: 24-10-17 Date / Time : 16/10/17

Registered in Merimen: 16/10/17

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 1325 Claim No. : C0455524

Name of Insured : READY TRANSPORT PTE LTD Policy No. : P0594483

Insured Tel No. : HP: Make / Model : MAN TGS 26 360 -10.5D 6X4 (M)

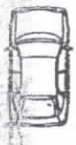
Excess Sec II :S$ 3000.00 D.O.A : 12/10/17 Place of Accident : JALAN BUROH & JURONG PORT RD

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

If NO, Driver Name / Age : ZHAO JUN JUN OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : 8174 1818 (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

GBE 9280Z → → →



INSRS:
WSP: Williams Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	12/10/17
	GBE 9280Z - Ref: NA/INC1701 9645/K4
	XE 1325 - X
	* Survey by Wilson, Tanfitch will follow up

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: 24/10/17 Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost:	S$ (days)	Reduction: %	
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
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
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:	

(08/11/13)

Surveyor:

REF: AXA

ASSIGNMENT

From: Date: 24.10.2017

Estimated Cost:

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

To Inspect Vehicle No: GBE 9280Z

at Workshop m/s William's Auto

of Blk 3 Woodlands Road 391-B

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

10cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: GBE 9280Z Yr Regn: 2016 Apr/.

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

Make: Toyota Dyna c.c 2982

Colour Silver A/C: **Insured / Std / NI / NA**

Sp.Reading 59994 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KDY231-8024140

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: 195 | R15

R: 145 | R13

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	2 mm
L/Bal.	4 mm	L/Bal.	2 mm
D.O.A.	12/10/2017	D.O.I.	24/10/2017

Survey held at Blk 3 Woodland Road

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or 391-B

Right Rear Frt o/s

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

Date / Time	Action / Instruction

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS. ___SI	
Photos	
Others	
TOTAL	