| 15/5/2010  | Stacey                                  |                          |                       | p /  | LKK:                                    |     |
|--|---|--------------------------|-----------------------|--|---|-----|
| INS. CASE OWNE   | er Klan Chartley CC                     | 4 /AXA1701 90            | 718 IA                | 2/463  | IDAC:                                   |     |
| -  | 3                                       | ASSIGNMI                 | .9194.60              |  |   |     |
| Surveyor:  | RASUL                                   | DOI:                     | 10/19                 | Data / Time                                      | 17/10/17                                |     |
| Surveyor.  | _ NASUL                                 | 2011                     |                       | Date / Time :                                    | 1111                                    | 10  |
| Pre-assign / CCI   | U/FTE                                   | 18                       |                       | Registered in Merin                              | nen: _/6//0/1-                          | _   |
|  |   |                          |                       | 0  |   |     |
| Insured Vehicle N  | No. SHB 7670P                           |                          | Claim No.             | C04  | 55847                                   |     |
| Name of Insured  |   |                          | Policy No.            |  |   |     |
| Insured Tel No.  | HP:                                     |                          | Make / Model          | :  |   |     |
| Excess Sec II :SS  | D.O.A:                                  | 09/10/17                 | Place of Accide       | nt ;   |   |     |
| Is driver the owner  |   | of Accident :            |                       |  |   |     |
|  |   | SPLEASON COL             | OLCIA DEDOL           | r are (No -re)                                   | OLL DEBODE VEC (NO.                     |     |
| If NO. Driver Na<br>Driver Tel   |   | V/L: YES / NO )          | Insured Liability     | 발생하다 500의 보호를 잃다고 있다.                            | GIA REPORT: YES / NO<br>Final? Yes / No |     |
| 6300000000000  | ACL ACL                                 | VIL. I ESTINO /          | msureu Liabiny        | , ye   | rmar: Tes/140                           | -   |
| \$40 607   | sk                                      |                          |                       |  | <b>-</b>                                | 700 |
| INSRS:   | INSRS:                                  |                          | INSRS:                |  | INSRS:                                  |     |
| wsp: world   | WSP:                                    | <del>     </del>         | WSP:<br>Tel:          | * *  | WSP:<br>Tel:                            |     |
| Liability:   | Liability:                              | 1                        | Liability;            |  | Liability:                              |     |
| RMKS:  | RMKS:                                   |                          | RMKS:                 | N. A.  | RMKS:                                   |     |
| Date/Time  |   |                          |                       |  |   |     |
| 16   | SLO 6076k-X                             | 1 / Y                    |                       | STAGE  | DATE / PI                               | C   |
|  |   | 17/09/2007               |                       | Non-Reporting ltr (1st                           |   |     |
|  | SHB 76701 - RE                          | f.cc3/416070             |                       | Non-Reporting ltr (2nd<br>Non-Reporting ltr (Fin |   |     |
|  |   | 06/06/2016               | - 2                   | Notification ltr (if non                         |   |     |
|  | -                                       | Cc 3/111/60/07           |                       | Call OI:<br>After call ltr to OI:                |   |     |
| 29/08/2020   | Pls refer to Views for d                | etails //zaconos         |                       | Documentation Chec                               | k List: Handler Typist                  |     |
| 20/00/2020   | T is relet to views for a               | 26/12/2017               |                       | Notification ltr (if non-                        |   |     |
|  |   | CC4/A (A)701679          | 3/kleas               | After call ltr to OI:                            |   |     |
|  | *Repudiation Case                       | 31/08/2016               | 411                   | Authorisation To Act:                            |   |     |
| \$4  | *Submit WP report                       | cs/msg/60/68             |                       | Release Voucher:                                 |   |     |
| 760  |   | NATAV 10603010           | and the second second | Final Repair Bill:<br>Car Rental Invoice:        |   | -   |
|  | 1                                       | 15/04/2015               |                       | Towing Invoice                                   |   | =   |
|  |   | NA loss 1500/            |                       | LTA/GIA:   |   |     |
|  |   |                          |                       | Medical Bill:                                    |   |     |
|  |   |                          |                       | PIR:   |   |     |
|  |   |                          |                       | Mandate/Reject Inst                              | ruction:                                | _   |
|  |   |                          |                       | LOD<br>Payment Breakdown                         | Form                                    | _   |
| PRELIMINARY ADVICE   | Date/Time:                              | Sent By:                 |                       | Post-Repair Photos:                              |   |     |
|  |   | 713                      |                       | Others:  |   |     |
| FINALIZATION   | Date/Time:                              | Confirm with:            |                       | Confirm by:                                      |   |     |
| Repair Cost:<br>FINAL SETTLEMENT   |   | Reduction:               | %                     |  | emailCall                               |     |
| Final Liability:   | Date/Time: Confirm  (Agreed / Assessed) |                          |                       | Email Call If NO or B 28, Ass.                   | lia -                                   |     |
| Repair Cost:   | SS (Agreed / Assessed)                  | DOLA SICHOL.             |                       | II IVO GI D 20, ASS. I                           | Lia .                                   |     |
| Loss of Rental (LOR):  | SS ( days)                              |                          |                       |  |   |     |
| Loss of Use (LOU):   | SS (\$ x days)                          |                          |                       |  |   |     |
| Loss of Income (LOI):  | SS (S x days)                           |                          |                       |  |   |     |
| LOR only LOU only GIA/LTA Search   | LOR + LOU LOR + LOI                     | [Tick only one]          |                       |  |   |     |
| Medical:   | SS                                      |                          |                       | 1) Claim status: Nor                             | um jumi u Settle                        | WP  |
| Disbursement:  | SS                                      | (e.g. Tow/ Independent ) |                       | 2) Report Format:                                | TP                                      |     |
| Legal Cost   | SS                                      |                          |                       |  | \$250.00                                |     |
| Total:   | S\$ Global S                            |                          |                       |  |   |     |
| FINAL PAYMENT  | Date/Time: Confirm                      | with:                    |                       | Email Call                                       |   |     |
| Payee 1:   | S\$ Name 1:                             |                          |                       |  |   |     |
| Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)  | \$\$ Name 2:<br>\$\$ Name 3:            |                          |                       |  |   |     |
| and the second s | permente, se a                          |                          |                       |  |   |     |

| - 2 |   |    |   |
|-----|---|----|---|
| ure |   | 11 | - |
| 41  | • | 11 | Æ |

## ASSIGNMENT

| From: Date:                                     | Vehiller SLQ 6076K YrRegn 2017 / Juny  |
|---|--|
| Estimated Cost                                  | Type: M.Cal / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer pr   |
| To Inspect Vehicle No. SLQ 6076K                | Make Homan Verse Hybrists 1496   |
| at Workshop m/s Waken our                       | Colour CFGY A/C Insured / Std / NI / NA  |
| of 1, KRANSI LUMP                               | Sp.Reading 4726 T/Radio: Insured / Std / N1 / NA   |
| Insured: AXA W                                  | Eng/No:  |
| Policy No.                                      | C/No: Ru31213076 .   |
| Claims No.                                      | Gen. Cond: Good / Far / Poor / Burnt   |
| Sum Insured: Excess:                            | Steering: Lander / Jammed / Leaked / Burnt or  |
| (Client's Record)                               | Brake: Inorder / Jammed / Leaked / Burnt or  |
| Make of Veh;                                    | Modi: Nil / SIBim / STD A/Rim or   |
| A.C.  | Tyre Size: F: 215/60R16  |
| (Policy Condition)                              | R:   |
| Remark: The veh had commenced its               | N/S D/S BS / DUN / EXNOVA / GY / FS / LIZA /MIC OHTSU / PIR / SUMI /   |
| repair at the time of inspection.               | TOYO/YOKO or   |
| Bal. or Market Value:                           | Front / Rear   |
| IDAC Accident Rport: Consistent? : Yes or N     | The state of the s |
| GIA / PR Seen. Consistent? : Yes or N           | to L/Bal. ( mm L/Bal C mm  |
| Est Repairs: 2 days Res. Yes or I               | NO D.O.A. 89(10)(7 D.O.L 17/16/17  |
| Lum Sum: % 3 Val.: Yes or I                     |  |
| CA / REV / REP. / 24 HRS                        | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or  |
| Veh   | icle: IN/OUT ds REAR   |
| Date: Person Contacted:                         | The U/C / Chassis frame / Body Structure affected due to collision.  |
| Date / Time Action / Instruction *              |  |
|   |  |
| P/P \$426.40 (Red \$23                          | 30.00 //35%)   |
|   | ,  |
|   |  |
|   |  |
|   |  |
|   |  |
| Date/Time, File Pass to? : Prell. Report        | Days Of Repair:  |
| 1) : Final Report                               | Resurvey No. of Trip: Survey Fee.  |
| Date/Time, File Return to?                      | Transportation   |
| 2)  | Add Fee: Site Insp (\$ )_S-RS_S  |
| **************************************          | . Interview (\$ ) Photos   |
| Report Format :                                 | Tech, Invs (\$ ) Others  |
| Lump Sum / I.B.I: (\$ )                         | :Weakend (\$ )   |
|   | FOTAL  |