

ASS. REC. BY:

REF: CS

ASM180010201

d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Winnie Ho of ASM Date/Time: 1/3/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SFH 5500C Insured:

at Workshop m/s Sng An Tee Tel: 62686183

of Blk 3 pioneer Rd North #01-18

Policy No: Claim No: S8M0097G

Sum Insured: Excess: \$100.00

Make of Veh: D.O.A. 18/01/2018
(Client's Record) After 10:30am @ 2/3/18☒ CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 5:16pm 01/3/18 Person Contacted: Schmenthan Vehicle: ☒ IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SFH 5500C-X
	Insured withdraw OD claim : 05/03/2018



Service Request Details

Claim

58M009TG

Reference

None 

Loss Date

January 18, 2018

Request Date

March 1, 2018

Due Date

March 8, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated survey and authorize

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SFH5500C

Make

HONDA

Service Address

Blk 3 Pioneer Road North, , 628457

Primary Contact/Insured

YEO CHIH AI MARGARET

9 BUKIT BATOK CENTRAL LINK, #21-09 THE JADE, 658074, Singapore

KOKSENGHUI@HOTMAIL.COM

Claim Handler

HO Winnie

6568804833

winnie.ho@axa.com.sg

Additional Instructions

1) SURVEY @ SNG AH TEE 2) PEND ESTIMATE 3) XS-400

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◀ INSD WITHDRAW OD CLAIM

Type

🔔 Question

Message

Hi all, pls cancel assignment - insd withdraw OD claim. winnie

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