

INS. CASE NO.:

CC 4 / ASM1800

LKK:

IDAC:

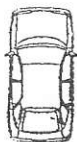
ASSIGNMENT

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

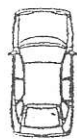
Place of Accident:

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

Insured Liability:

%

Final ? Yes / No



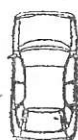
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

NO POLICE
REPORT
ATTACHED

Date/ Time

5/1/12

Joy

4/1/12

24/4

19/7/19

08-01-19

1/4

15-6-19

SIA8981R - C/P1130245731/ Eubn? VOA: 4/1/12

SIP61640 - X

DINR. sent out 1st letter.

sent Email to OI for GIA Report

REQ OI information from AXA as DINR.

WRITE TO AXA TO SEEK INSTRUCTION AS OI HAS FAILED TO LODGE
ACCDT. REPORT SINCE DATE OF ACCIDENT WHICH CONSTITUTE A POLICY BREACH

claim repudiate. File PRA MC to close.

SU, PLS. SEND LETTER TO OI

ADD: 338 E RIVER VALLEY ROAD
RIVER VALLEY COURT
SINGAPORE 238370

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd): 17/06/19

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:

S\$

(

days)

Reduction:

%

Email

Call

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Rasau

REF: ASM(AXA)

28394

ASSIGNMENT

From: _____ Date: 04042018

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 8981R

at Workshop m/s

of

Insured: _____

Policy No. _____

Claims No. _____

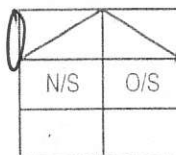
Sum Insured: _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 80 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 8981R Yr Regn: 2010 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Sonata 2.0 c.c 1991

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

Sp. Reading: 477/30 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET 41U MAA 785857

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

TRIANGLE

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 27/03/18

D.O.I. 04/04/18

Survey held at

Ding Auto

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S PR

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

Date / Time

Action / Instruction

L/S #2450/- (Red - #9832.59/80%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

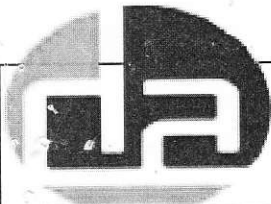
Photos

Others

TOTAL

Report Format :

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



DING AUTOMOTIVE PTE LTD

BLK 10, #01-20 SIN MING INDUSTRIAL EST, SEC C SINGAPORE 575645

TEL : 6452 1208 FAX : 6452 0614

TO :

FAX NO:

ESTIMATE REPORT

1ST Quotation

03/04/2018 11:30

JOB-NO: 50110547

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA8981R

TRANS: AUTO

CHASSIS: KMHET41VMAA785857

MAKE / MODEL: HYUNDAI / Sonata 2.0 CRDi

ENGINE: D4EAA868269

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	500
2 R&R AC CONDENSER & CHARGE UP GAS	1.00	120.00	0.00	120.00		Y	X
3 ADJUST HEADLAMP AIM & CHECKING WIRING	1.00	50.00	0.00	50.00		Y	30
4 RUST PROOFING	1.00	80.00	0.00	80.00		Y	40
5 RESPRAY BONNET	1.00	250.00	0.00	250.00		Y	180
6 RESPRAY FRT FENDER LH	1.00	250.00	0.00	250.00		Y	180
7 RESPRAY FRT FENDER RH	1.00	250.00	0.00	250.00		Y	X
8 RESPRAY FRT BUMPER	1.00	250.00	0.00	250.00		Y	180
TOTAL:		2,250.00	0.00	2,250.00			

MATERIALS

1 BONNET	1.00	1,101.76	0.00	1,101.76	L	Y	R
2 BONNET HINGE LH	1.00	79.20	0.00	79.20	L	Y	X
3 BONNET HINGE RH	1.00	79.20	0.00	79.20	L	Y	X
4 BONNET DAMPER	1.00	67.76	0.00	67.76	L	Y	X
5 BONNET INSULATOR	1.00	222.75	0.00	222.75	L	Y	X
6 BONNET CHROME	1.00	101.75	0.00	101.75	L	Y	X
7 BONNET LOCK	1.00	108.90	0.00	108.90	L	Y	X
8 BONNET CABLE	1.00	27.61	0.00	27.61	L	Y	X
9 BONNET LOCK COVER	1.00	30.25	0.00	30.25	L	Y	X
10 BONNET SEAL X3	1.00	44.55	0.00	44.55	L	Y	X
11 FRT BUMPER	1.00	515.68	0.00	515.68	L	Y	DE
12 FRT BUMPER PROTECTOR LH	1.00	27.72	0.00	27.72	L	Y	R
13 FRT BUMPER PROTECTOR RH	1.00	27.72	0.00	27.72	L	Y	X
14 FRT BUMPER REINFORCEMENT	1.00	472.78	0.00	472.78	L	Y	X
15 FRT BUMPER BRACKET LH	1.00	79.75	0.00	79.75	L	Y	ne
16 FRT BUMPER BRACKET RH	1.00	79.75	0.00	79.75	L	Y	X
17 FRT BUMPER RETAINER LH	1.00	15.40	0.00	15.40	L	Y	ne
18 FRT BUMPER RETAINER RH	1.00	15.40	0.00	15.40	L	Y	X
19 FRT BUMPER FOGLAMP COVER LH	1.00	16.50	0.00	16.50	L	Y	X
20 FRT BUMPER FOGLAMP COVER RH	1.00	16.50	0.00	16.50	L	Y	X
21 FRT BUMPER CENTRE GRILL	1.00	49.50	0.00	49.50	L	Y	X
22 FRT BUMPER CHROME MLDG	1.00	91.52	0.00	91.52	L	Y	X
23 FRT BUMPER LWR EXT	1.00	40.04	0.00	40.04	L	Y	X
24 FRT BUMPER SPONGE	1.00	130.35	0.00	130.35	L	Y	X
25 FRT SUPPORT PANEL	1.00	922.02	0.00	922.02	L	Y	X

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
26 FRT SUPPORT PANEL LWR COVER	1.00	71.50	0.00	71.50	L	Y	X
27 HEADLAMP LH	1.00	763.18	0.00	763.18	L	Y	CRA
28 HEADLAMP RH	1.00	763.18	0.00	763.18	L	Y	X
29 HORN LH	1.00	74.25	0.00	74.25	L	Y	X
30 HORN RH	1.00	74.25	0.00	74.25	L	Y	X
31 FRT AIR DUCT	1.00	166.98	0.00	166.98	L	Y	X
32 FRT GRILLE	1.00	265.87	0.00	265.87	L	Y	X
33 FRT GRILLE LOGO	1.00	22.00	0.00	22.00	L	Y	X
34 FRT FENDER LH	1.00	567.38	0.00	567.38	L	Y	pm
35 FRT FENDER RH	1.00	567.38	0.00	567.38	L	Y	X
36 FRT FENDER SIDE LAMP LH	1.00	40.59	0.00	40.59	L	Y	X
37 FRT FENDER SIDE LAMP RH	1.00	40.59	0.00	40.59	L	Y	X
38 FRT FENDER WHEELHOUSE PANEL LH	1.00	946.55	0.00	946.55	L	Y	X
39 FRT FENDER WHEELHOUSE PANEL RH	1.00	946.55	0.00	946.55	L	Y	X
40 FRT FENDER INNERSHIELD LH	1.00	72.49	0.00	72.49	L	Y	DE
41 FRT FENDER INNERSHIELD RH	1.00	72.49	0.00	72.49	L	Y	X
42 FRT FENDER INNER RUBBER LH	1.00	71.50	0.00	71.50	L	Y	X
43 FRT FENDER INNER RUBBER RH	1.00	71.50	0.00	71.50	L	Y	X
44 BONNET INSULATOR CLIPS(1SET)	1.00	35.00	0.00	35.00	S	Y	X
45 FRT NUMBER PLATE	1.00	35.00	0.00	35.00	S	Y	X
TOTAL:		10,032.59	0.00	10,032.59			

TOTAL PARTS & LABOUR : 12,282.59 0.00 12,282.59

EXCESS/LOADING: S\$ 0.00

No. Of Day: 5 days

RE-SURVEY: BEFORE AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 04 / 04 / 18

SURVEYED BY: Rafael CLKK

CONTACT NO: 90010068 FAX NO: _____

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

LKK Auto Consultants hence notify the Repairer of the following:

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