s3

15/5/2010

INS. CASE OWNER: Richard | CC 4/~~AXA~~ ASM 1800 9148 / P1 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASM | DOI: 18/5/18 | Date / Time: 21/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJJ 2788B	Claim No. :	S8MOUHN3/46146
Name of Insured :	LEE SEAH WENG	Policy No. :	GA2683386
Insured Tel No. :	HP: 98187548	Make / Model :	JAGUAR
Excess Sec II :S$	D.O.A : 16/5/18	Place of Accident :	UE TWRS AMK AVE 1

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

If NO, Driver Name / Age :

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

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

Insured Liability : % **Final ? Yes / No**

SJG 7116Z → ______ → ______ → ______

INSRS: WSP: SK Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
24/5/18 Ashen	SJG7116Z - X SJJ2788B - Y
	# Smartclaim
	FILE REVIEW : LIABILITY UNCLEAR
	EMAIL WSP LIABILITY UNCLEAR TO REQUEST FOR EVIDENCE
	PENDING FOR TP EVIDENCE TO OFFER.
11/6/2020	DS form sent

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: 24/5/18 Sent By: [signature]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 4S S$ 1500.00 (3 days) Reduction: 87 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/6/2020 Confirm with Tyson Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1605.00	S$ 802.50	
Loss of Rental (LOR): 500	S$ 250.00 (5 days) x $100	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only	☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 2.00	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: GP
Legal Cost	S$ -	3) Survey fee: $350.00
Total:	**S$** 1054.50 **Global Sum S$:** 1050.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1050.00	Name 1: SK Automobile Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

REF: ASM(AXA)

7338K
COE XPIRY: JULY/18

ASSIGNMENT

From: Date: 18052018

Estimated Cost:

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

To Inspect Vehicle No: SJG 7116Z

at Workshop m/s: SK Automobile

of: 8 Kuki Bukit Ave 4 #08-46

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.

N/S	O/S

Bal. or Market Value: 8K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: SJG 7116Z Yr Regn: July 2008

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

Make: TOYOTA VIOS E A c.c. 1497

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

Sp Reading: 226949 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY9305072256

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: 185/65R15

R: " "

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 16/05/18 D.O.I. 18/05/18

Survey held at: SK AUTOMOBILE

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

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

Date / Time Action / Instruction

US $1500 (Recd $ 9876.68 / 87%).

Date/Time File Pass to? : Preli. Report

: Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: Site Insp. (S$

Interview (S$

Tech. Insp. (S$

Weekend (S$

Report Format:

Lump Sum / I.B.I. / S$

TOTAL