

22/03/2002

ASS. REC. BY:

REF: CS3 / ASM18009945 / R12406 Special Instruction:

SURVEYOR:

ASSIGNMENT (Office)

Smart claim
From (Person):

Ruth Chua

of

Asm

Date/Time:

30052018 1008am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GW 8062P

Insured:

ABC 5714B

at Workshop m/s

Thiam Heng motor

Tel:

9855 8158

of

1 Bukit Batok Crescent #13-17

Policy No:

Claim No:

S8M001WX

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28052018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

7A Jin Papan (Mr. Ang - 9838 9479)

H.O.D. Endorsement:

Date/Time:

21062018 359pm

Person Contacted:

Johnny

Vehicle: ☒ IN / ☐ OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|--------------------------------------|
| | GW 8062P - CS3 / AXA 11024975 / Nylm |
| | ABC 5714B - X |
| 5/6/18 | Dismantled |
| 12/6/18 | After repair |

(08/11/13)

REF:

5778R

EXPIRY: 2018/09

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GW 8062Pat Workshop m/s THAN HANH MOTORof 7A JLN PAPAYInsured: AXA

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: _____

IDAC Accident Rpt: _____ 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: GW 8062P Yr Regn: 2003 / NOVType: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /

Truck / Trailer or

Make: NISSAN CABSTAR C.C. 3153Colour: GRY A/C: Insured / Std / NI / NASp. Reading: 504540 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1SF4F23Z0844478Gen. Cond: Good / Fai / Poor / BurntSteering: In / Jammed / Leaked / Burnt orBrake: In / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15R: 155 R12

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

TOYO / YOKO or

CONDOR

Front

Rear

R/Bal. 7 mm R/Bal. 5/5 mmL/Bal. 7 mm L/Bal. 5/5 mmD.O.A. 28/05/18 D.O.I. 05/06/18 @ 0228pmSurvey held at THAN HANH

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

FRONT M/S

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

Date / Time

Action / Instruction

NO GIA Report7/6/18Submit PRS Report

RECEIVED 11 JUN 2018

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

100

100

Report Format :

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




Service Request Details

Claim

S8M00IWX

Reference

None 

Loss Date

May 28, 2018

Request Date

May 30, 2018

Due Date

June 6, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

GW8062P

Make

TPVD NISSAN

Service Address

, , ,

Primary Contact/Insured

AAK-LOGISTIC SERVICES

BLK 153 BUKIT BATOK STREET 11, #03-292, 650153, Singapore
63380083

Claim Handler

CHUA Ruth

6568804087

ruth.chua@axa.com.sg

Additional Instructions

Appointed Seah Ong & Partners

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

Your Ref : S8M00IWX MC/RC

Our Ref : **GW 8062P/TH/jp/in**

Date : 30 May 2018

Email: **accident@kscgp.com**

AXA Insurance Pte. Ltd.

By Email

Dear Sirs,

DATE OF ACCIDENT: 28 MAY 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your letter of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

| S/no. | Name of Surveyor | Company Name |
|-------|------------------|-------------------------------|
| 1. | Errol Tan | Pro Plus Automobile Engineers |
| 2. | Dave Chang | Sincere Appraisal Services |
| 3. | Lee Kok Weng | Lee Automobile Services |

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : **Thiam Heng Motor**
1 Bukit Batok Crescent
#03-17/18, WCEGA Plaza
Singapore 658064

Contact Person/Hp/Tel : **Mr Johnny / Tel: 9855 8158**

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,

f JP

Your Ref : S8M00IWX MC/RC
Our Ref : GW 8062P/TH/jp/in
Date : 30 May 2018

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as
follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date: