INS. CASE OWNER	acey XXXX	CC4/AXA18	011 <b>7</b> 94/R1p	948\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LKK: IDAC:	
ASSIGNMENT						
Surveyor:	PASM	DOI:	12018	Date / Time :	24/9/18.	
				Registered in Merin	nen: 25/6/18	
Pre-assign / CCU	/FTE	^^				
	Oto XX6	, M	Chi- M	C047	73936	
Insured Vehicle No	TOMA- CM	GERNLES PI	Claim No.	· P1680	×12	
Name of Insured	: 1/2/01 3 (18	Strongs 100	Policy No.	: 1000	2 W	
Insured Tel No.	:	HP:	Make / Model	:		
Excess Sec II :SS	( 900,00	D.O.A: 9-6-18	Place of Accide	ent:		
Is driver the owner		Nature of Accident :				
If NO Driver No.			OLGIA PEDOI	OT: VEC / NO . TD	CIA DEDORT, VEQUAIO	
If NO, Driver Name / Age :  Driver Tel No. : (V/L: YES /			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No			
	Λ	(VIL. TEST NO)	msured Liabini	у. 76	rinai : Yes/No	
PC3576	<u> </u>				<b>→</b>	
INSRS:	INSRS:		DICD.C.		Diana	
WSP: NW-	WSP:		INSRS: WSP:		INSRS: WSP:	
H Tel:	homother. H Tel:	A-A	Tel:	A A	Tel:	
Liability:	Liability	1/1/-1/1	Liability:	K-M	Liability:	
RMKS: A.	RMKS:		RMKS:		RMKS:	
Date/ Time						
	PC3526 A- X;			STAGE	DATE / PIC	
	CHOWOM - CSIMS	1 150 161Ax 10hg1; !	TA: Myho	Non-Reporting ltr (1s Non-Reporting ltr (2n		
		,		Non-Reporting ltr (Fir		
				Notification ltr (if nor		
00/00/0004	Die vefeute Viewe	for details		Call OI:		
23/06/2021	Pls refer to Views	s for details.		After call ltr to OI:  Documentation Che	al I i de IV - IV - IV - IV	
				Notification ltr (if non		
	*No response fro	om TP		After call ltr to OI:	(-ріскир)	
	*Submit WP repo	ort to AXA		Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill: PIR:		
				Mandate/Reject Inst	ruotion:	
				LOD	ruction.	
				Payment Breakdown	1 Form:	
PRELIMINARY ADVICE	Date/Time: 317	Sent By:		Post-Repair Photos:		
		( )		Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost: P/P	s\$ 1,300.00 ( 5		%		Email Call	
FINAL SETTLEMENT		Confirm with		Email Call	<u> </u>	
Final Liability: Repair Cost:	% (Agreed / S\$	Assessed) BOLA S/N No.:		If NO or B 28, Ass.	Lia:	
Loss of Rental (LOR):	S\$ (	days)				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only one]				
GIA/LTA Search	S\$			0.01.1	AAID	
Medical:	S\$	/ m - / v - 4	\	1) Claim status: No.	TP WP	
Disbursement:	S\$ S\$	(e.g. Tow/ Independent	)	Report Format:     Survey fee:	\$250.00	
Legal Cost Total:	SS	Global Sum SS:		of our roy too.		
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.)		Name 3:				
1		AND AND HE SET AND ADDRESS OF THE PARTY SANDERS AND THE PARTY SAND				

ASSI	GN	M	EN	Т
ZEUDE	C.L.	LTA	A-71 1	-

From: Date: 02 07 2018	Veh No: PC 35 26A Yr Regn: 2015 / MAL
Estimated Cost:	Type: M.Car / M.Cycle / Van / Lorry / Taxi / Prime Mover /
OP/TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: PC 3526A	Make: Kinh Lond XMQ6/18K5 c.c 8849
at Workshop m/s Almighty Automotive	Colour A/C: Insured / Std / NI / NA
of 2c julan pesawat	Sp.Reading 23 2986 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: LA BRIHSG ZEBIBISTO
Claims No.	Gen. Cond: Good / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record) 2pm @ owner waiting	Brake: Ironer / Jammed / Leaked / Burnt or
Make of Veh: Steven 0 9668 9668	Modi: MI / S/Rim / STD A/Rim or
SCATILD TOOL (200	Tyre Size: F: 11R 225
(Policy Condition)	R: 2 * D/O
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF FIRENZA
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. & mm R/Bal. & mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm L/Bal. 8/8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 09/06/18
Lum Sum: % 3 Val.: Yes or No	Survey held at ALM (GHTY Bushing)
CA / REV / REP. / 24 HRS (40)	Des. of Damages : Frt / Rear / Ø8/ N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	: Weekend (\$
	TOTAL