P

15/5/2010

INS. CASE OWNER: Peter | CC / ~~AXA~~ AM 1900 5053 / E003. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Steve   DOI: 22/5/19   Date / Time : 20/7/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SDB 7427 Z		Claim No. :	SAM01EHM / 105207
Name of Insured : CHUA CHIN SOON		Policy No. :	VM / GM10383
Insured Tel No. :	HP:	Make / Model :	BMW
Excess Sec II :S$	D.O.A : 18/7/19	Place of Accident :	B4 WK 20 GEYLANG
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SLM 1435L → → →

INSRS: WSP: Tan Chong Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLM1435L - X SDB7427Z - Y
	Agent Claim [illegible] 19/01 ②
	TP - [illegible]
	OI - [illegible] ①
8/6/2020 -	1) S-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: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 6662.47 (7 days)	Reduction: 9 %	Email ☑ Call ☐
FINAL SETTLEMENT	Date/Time: 8/6/2020	Confirm with Li Ting	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / (Assessed)) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: W/GST.	S$ 7128.84		
Loss of Rental (LOR):	S$ – (days)		
Loss of Use (LOU):	S$ 350.00 (S$ 50 x 7 days)		
Loss of Income (LOI):	S$ – (S$ x days)		
LOR only ☐	LOU only ☑	LOR + LOU ☐ LOR + LO ☐	**[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: 1D
Legal Cost	S$ –		3) Survey fee: $350-(A)
Total:	**S$** 7480.84	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7480.84	Name 1: Tan Chong Motor Sales Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor: Steve | REF: ASM (AXA) | e

ASSIGNMENT

From:
Date: 22.5.2019
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLM 1435L
at Workshop m/s Tan chong motor
of 911 Bukit Timah Road
Insured:
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh: 10.30a.m
(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X
	X
	X

Bal. or Market Value:
IDAC Accident Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 7. days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS or up
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SLM 1435L Yr Regn: 22/3/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Nissan Qashqai C.C 1197
Colour: White A/C: Insured / Std / NI / NA
Sp.Reading: 53229 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: SJN FEA J11U 1912756
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: 215/60R17
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 18/2/19 D.O.I. 22/5/19
Survey held at Tan Chong
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV - 77K
	P/P $ 6662.47 (Paid $6877.75 / 99%

Date/Time, File Pass to? [ ] : Preli. Report
1) [ ] : Final Report
Date/Time, File Return to?
2)
Report Format :
Lump Sum / I.B.I: ($)

Days Of Repair:
Resurvey No. of Trip:
Add Fee: [ ] : Site Insp ($) __S + RS, __SI
[ ] : Interview ($) Photos
[ ] : Tech. Invs ($) Others
[ ] : Weekend ($)

Survey Fee:
Transportation:
TOTAL