| INS. CASE OWNE | R. PLEIR CC 4/AXA1900 914 | 182, (| 9 IN IA | LKK: IDAC: | |
|----------------------------------|---|--------------------|--|----------------------------|--|
| INS. CASE OWNE | ASSIGNMEN | T | • | >915 (ca. | |
| Surveyor: | DOI: DA 5 | <i>V</i> I | Date / Time : Registered in Merin | | |
| Pre-assign / CCU | | | | 1 | |
| Insured Vehicle N | sta 57B. | laim No. | : Samolo | 48/ 118623 | |
| Name of Insured | | olicy No. | | | |
| Insured Tel No. | | lake / Model | | | |
| Excess Sec II :S\$ | 20/1/10 | lace of Accide | reports | | |
| Is driver the owne | | | | | |
| If NO, Driver Na | | I GIA REPO | RT: YES / NO ; TP | GIA REPORT: YES / NO | |
| Driver Te | | nsured Liabilit | ty: % | Final? Yes/No | |
| 97N 3033 | $1 \longrightarrow \longrightarrow$ | | | → | |
| I INCDC. | INSRS: | INSRS: | | INSRS: | |
| INSRS: WEN | WSP: | WSP: | | WSP: | |
| Tel: Liability: Wh | Tel: Liability: | Tel: Liability: | H H | Tel : Liability : | |
| RMKS: | RMKS: | RMKS: | | RMKS: | |
| Date/ Time | | | | | |
| | 5 H70mm - X 5 R 57 B - X | | STAGE Non-Reporting ltr (1st | DATE / PIC | |
| | | | Non-Reporting ltr (2nd | | |
| | | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non- Call OI; | -pickup): | |
| | | | After call ltr to OI; | | |
| | | | Documentation Chec | k 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 | | |
| 08/11/2021 | NO FURTHER DEVELOPMENT. AXA INSTRUCT T | LTA / GIA ; | | | |
| | WP. ADMIN TO CLOSE | | Medical Bill: | | |
| | | | PIR: | | |
| | | | Mandate/Reject Inst | ruction: | |
| | check item: \$4920 (red: \$9,430.00 / 4 | 1%) | LOD Payment Breakdown | n Form: | |
| PRELIMINARY ADVICE | | | Post-Repair Photos: | | |
| | | | Others: | | |
| FINALIZATION | Date/Time: Confirm with: | | Confirm by: | | |
| Repair Cost: P/P | S\$ \$8,570.00 (8 days) Reduction: \$14,350.00 % | 63 | | EmailCall | |
| FINAL SETTLEMENT | Date/Time: Confirm with | | Email Cal_ | | |
| Final Liability: Repair Cost: | % 50 (Agreed / Assessed) BOLA S/N No.: 19 S\$ | | 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 | | | | | |
| GIA/LTA Search | S\$ | | | | |
| Medical: | S\$ | | | rmal/Reject/Private Settle | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | | 2) Report Format: | WP | |
| Legal Cost | SS | | 3) Survey fee: | 250.00 | |
| Total: | S\$ Global Sum S\$: | | | | |
| FINAL PAYMENT | Date/Time: Confirm with: | | Email Cal_ | | |
| Payee 1: | S\$ Name 1: | | | | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: S\$ Name 3: | | | | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | | | | |

| ASSIGNMENT Veh No: \$1/2037 Tyr Regn: 7 May 2 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: M.Z.Z.d. 3, c.c. LYS6 Colour Gyroury Aic: Insured / Std / Ni / NA Engrito: Policy No. Sam Insured: Colent's Record) Make of Veh: Colent's Record) Make of Veh: Seas: Colour Gyroury Aic: Insured / Std / Ni / NA Engrito: Colour Gyroury Aic: Insured / Std / Ni / Na Engrito: Colour Gyroury Aic: Insured / Std / Ni / Na Engrito: Colour Gyroury Aic: Insured / Std / Ni / Na Engrito: Colour Gyroury Aic: Insured / Std / Ni / Na Engrito: Colour Gyroury Aic: Insured / Std / Ni / Na Engrito: Colour Gyroury Aic: Insured / Std / Ni / Na Engrito: Colour Gyroury Aic: Insured / Std / Ni / Ni Engrito: Colour Gyroury Aic: Insured / Std / Ni / N | 08/1/43) CAO REF: ANA | 518F |
|---|---|--|
| Veh No: \$\$\text{NO}_2037_7 \text{Yr}_Regit: \$\$\text{May I Lorry Taxi Prime Mover Truck Trailer or Truck Trailer or Truck Trailer or Malke: \$\$\text{Mazalc}_2\$ \text{C.c.} \text{USG}_5\$ \text{Van I Lorry Taxi Prime Mover Truck Trailer or Malke: \$\$\text{Mazalc}_2\$ \text{C.c.} \text{USG}_5\$ \text{Van I Norm Malke: } \$\$\text{Mazalc}_2\$ \text{C.c.} \text{USG}_5\$ \text{Vehicle No: } \$\$\text{Malke: Mazalc}_3\$ \text{C.c.} \text{USG}_5\$ \text{Vehicle Insured Std N NA Engino: } \$\$\text{Colour Good Famous Trailer or Malke: Mazalc}_3\$ \text{C.c.} \text{USG}_5\$ \text{Vehicle Std N NA Engino: } \$\$\text{Colour Good Famous Trailer or Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.8} \text{Sgn O3.3.5.8} \$\$\text{Gen. Cond. Good Famous Text{USG}_5\$ \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N NA Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N Na Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{SG}_0\$ \text{3.5.5.8} \text{Vehicle Std N Na Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{Vehicle Std N Na Engino: } \$\$\text{Malke: Mazalc}_4\$ \text{Vehicle Std N Na Engino: } \$\$\text | Surveyor MX. ASSI | |
| Make: MAZQQ 3 C. LYS6 Colour GWAY NC: Insured / Std / Ni / Na spreading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRadio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Sp. Reading 37 27 STRAdio: Insured / Std / Ni / Na Std / Ni / Strim / Std / Std / Ni / Na Std / Ni / Strim / Std / Ni / Ni / Ni Std / Ni / Strim / Std / Ni / Ni Std / Ni / Strim / Std / Ni / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni / Strim / Std / Ni Std / Ni Std / | From: Date: Estimated Cost: | Veh No: SIN 3033 T Yr Regn: 77 May 2016 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Date/Time, File Return to? Add Fee: : Site Insp (\$ | To Inspect Vehicle No: at Workshop m/s Mell Whell Bros of Insured: Policy No. Claims No. Sum Insured: (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 Rport: Consistent?: Yes or No Est. Repairs: Consistent?: Yes or No Est. Repairs: Adays Res.: Yes or No Lum Sum: Mell Whell Bros Excess: (Client's Record) N/S O/S Consistent?: Yes or No Sal.: Yes or No Lum Sum: Person Contacted: | Make: Mazda 3 c.c 1476 Colour SMM A/C: Insured / Std / NI / NA Sp.Reading 37 275 T/Radio: Insured / Std / NI / NA Eng/No: C/No: JM 6/SM 474 860 33 587 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: 25/66 P/6 R: M BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front R/Bal. Smm R/Bal. Smm L/Bal. Smm L/Bal. Smm D.O.A. D.O.I. 25-05-19 Survey held at W/S SW MARS / MIC / Rooftop or N/S WA |
| report offiat. | Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to? Add Fee | Survey Fee: |
| Lump Sum / I.B.I: (\$) : Weekend (\$) | Lump Sum / I.B.I: (\$ | District State of the Control of the |

TOTAL