CC4/ASM19009865/Bga3

15/5/2010

INS. CASE OWNER: Sam Theng | ~~CC 4 /AXA1900 ASM 98 Bwbb.~~ | LKK: IDAC:

ASSIGNMENT

Surveyor: Mr Lim. DOI: 13/6/19 Date / Time: 4/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5503Y.	Claim No. :	SAMO10MX / 119517
Name of Insured :	TRANS-CAB SERVICES PTL	Policy No. :	VDX/P1687570.
Insured Tel No. :	HP:	Make / Model :	RENAULT
Excess Sec II :S$	$ 5000 D.O.A: 26/5/19.	Place of Accident :	BOUNDARY RD

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

If **NO**. Driver Name / Age: ANTHONY LEE YONG HUAT. OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

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

SJR 8043K. →

INSRS: WSP: Team Autopro. Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time

SJR8043K / SHC5503Y } non/AXA/1900 9461/4 DOA: 26/5/19

* No need act to transcab

TPV: HYUNDAI AVANTE (1591cc)

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	} letter snd by AXA
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: L/S S$ 3000.00 (5 days) Reduction: 3536.76 % 50 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/11/2021 Confirm with ADEL Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27.	If NO or B 28. Ass. Lia :
Repair Cost:	S$ 3,000.00	
Loss of Rental (LOR):	S$ 600.00 (6 days) x $100.00	
Loss of Use (LOU):	S$ 60.00 (S$ 60 x 1 days)	
Loss of Income (LOI):	S$ (S$ x days)	
LOR only ✓	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 36.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 3,696.45 **Global Sum S$:** $3,700.00	(AXA'S INSTRUCTION)

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

Payee 1:	S$ 3,700.00	Name 1: TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

(08/11/13)

ASS. REC. BY:

REF Asm (AXA)

ASSIGNMENT

From: Date: 13.6.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV (TP circled)

To Inspect Vehicle No: SJR 8043K

at Workshop m/s Team Auto Pro

of 160 Sin ming Dr #01-14

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10.009.m

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS "rup"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJR 8043K Yr Regn: 15/7/2009

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

Make: Hyundai Avante c.c 1591

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

Sp.Reading 158413 T/Radio: Insured / Std / NI / NA

Eng/No: G4FC9U669007

C/No: KMHDU41BR9U783163

Gen. Cond: Good / Fair / Poor / Burnt (Fair circled)

Steering: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Brake: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Modi : Nil / S/Rim / STD A/Rim or (S/Rim boxed)

Tyre Size: F: 195/60/15 Yokohama

R: 195/60/15 Goodride

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Yoko frt / Goodride rear

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	13.6.19

Survey held at Team Autopro

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

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

Date / Time	Action / Instruction
	MV 24,000/-
	PV 19,259/-
	NV 4,741/- Rim [signature] 12/7/19

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation: __S + RS, __SI	
Photos	
Others	
TOTAL	