15/5/2010

INS. CASE OWNER: Jas | CC 9 ~~AX~~ A1901 2/21, Kgb3 | LKK: IDAC:

Surveyor: Benedict. | **ASSIGNMENT** DOI: 9/7/19. | Date / Time : 9/7/19

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SLQ 8075H. | Claim No. : SAM0175W/ 12595

Name of Insured : | Policy No. :

Insured Tel No. : HP: | Make / Model :

**Excess Sec II :S$** D.O.A : 6/7/19. | Place of Accident :

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**

SMD1019R →

INSRS: WSP: Cheng Hoe Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

| Date/ Time | |
|---|---|
| | SMD1019R-T SLQ8075H-T |

| 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: L/S | S$ 8350.00 ( 8 days) | Reduction: 8928.80 % 35 | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time: 09/03/2021 | Confirm with JUNE | Email ☑ Call ☐ |
| Final Liability: | % 100 (Agreed / Assessed) | BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 7900.00 | (W/GST) (AXA'S INSTRUCTION) | |
| Loss of Rental (LOR): | S$ ( days) | | |
| Loss of Use (LOU): | S$ 900.00 ($ 100 x 9 days) | | |
| Loss of Income (LOI): | S$ ($ x days) | | |
| LOR only ☐ LOU only ☑ | LOR + LOU ☐ | LOR + LO ☐ [Tick only one] | |
| GIA/LTA Search | S$ 8.00 | | |
| 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: $350.00 |
| **Total:** | **S$** 8808.00 | **Global Sum S$:** | |
| **FINAL PAYMENT** | Date/Time: | Confirm with: | Email ☑ Call ☐ |
| Payee 1: | S$ 8,808.00 | Name 1: CHENG HOE MOTOR PTE LTD | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |

ASS. REC. BY: Kenneth | REF: AAA/

## ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chey Hoe

of _____

Insured: _____

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: 64K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: ~~10~~ 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMD 1019R Yr Regn: 11.11

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

Make: Bmw 528i c.c 1997

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 122596 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAXG32070C593411

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 245/40ZR19

R: 275/35ZR19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 7 mm | R/Bal. | 7 mm |
| L/Bal. | 7 mm | L/Bal. | 7 mm |
| D.O.A. | 6/7/19 | D.O.I. | 5/7/19 |

Survey held at ✓

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

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

| Date / Time | Action / Instruction |
|---|---|
| 9/7 | File pass To Workshop and liability ASAP. |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + R.S. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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