15/5/2010

INS. CASE OWNER: Richard | CC4 /AXA1901 7720, Up63. | LKK:
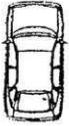IDAC:

Surveyor: Manus. | DOI: 8/10/19 | ASSIGNMENT | Date / Time: 8/10/19
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XB 9368K | Claim No. : SAMO77UN/140763
Name of Insured : HUP HOE TRANSPORT. | Policy No. : GA4478411
Insured Tel No. : HP: | Make / Model : NISSAN.
Excess Sec II :S$ | D.O.A: 5/10/19. | Place of Accident : BKT BATIK ST 31
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : MISRAW BIW ASMADI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
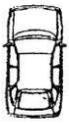Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SMM 7439K

INSRS: Asia Motorsport | INSRS: | INSRS: | INSRS:
WSP: | WSP: | WSP: | WSP:
Tel : | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time		STAGE	DATE / PIC
	SMM7439K } XB9968K } 3 NR(INS)9015510(INS) DOA:5/10/19	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
10/14/19@3.2pm called OI company at 90085671.		Notification ltr (if non-pickup):	
		Call OI:	sph 10/14/19 (blueMan)
8/6/2020 — DS form sent.		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:	☐	☐

| **PRELIMINARY ADVICE** Date/Time: | Sent By: | Post-Repair Photos: | ☐ | ☐ |
| | | Others: | ☐ | ☐ |

FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost: US	S$ 3050.00 (4 days) Reduction: 7 %		Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 8/6/2020 Confirm with | Email ☐ Call ☐

Final Liability:	% 50. (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:3050 @50%	S$ 1525·W	
Loss of Rental (LOR):300	S$ 150·W (3 days) ×#/W	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —	2) Report Format:
Disbursement:	S$ — (e.g. Tow/ Independent)	3) Survey fee: #350·W
Legal Cost	S$ —	
Total:	S$ 1682.45 Global Sum S$: 1600·W	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S$ 1600·W	Name 1: Asia Motorsports Solution Pte Ltd		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

AYA/   P

ASSIGNMENT

From: **Date:**

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMM 7435K

at Workshop m/s   Asia Motor

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.

Bal. or Market Value: 15k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days   Res.: Yes or No

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

LYA 9943

CA / REV / REP. / 24 HRS   Vehicle: IN / OUT

Date: **Person Contacted:**

Veh No: SMM 7435K   **Yr Regn:** 5 / 10

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

Make: Toyota Corolla Altis   c.c 1598

Colour white   **A/C:** Insured / Std / NI / NA

Sp.Reading 138501   **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: MR053 ZEE 10617 47 18

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: 195/65-R15

          R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 5/10/19		D.O.I. 8/10/19	

Survey held at

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

N/S Rear

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

Date / Time   Action / Instruction   Dep 12k.

COE 17-5-2020 7th. nett 6057

9/10/19 Confirmed L/S B 3050 with Att lorry

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