15/5/2010

INS. CASE OWNER: _RC_   CC 4 /AXA1901 8321 /Ugs3   **LKK:** **IDAC:**

ASM

Surveyor: _mavlus_   **DOI:** 17/10/9   **Date / Time:** 17/10/19

ASSIGNMENT

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHD 100D_   **Claim No.** : _S gmv>3PY / 14/624_

Name of Insured :

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

Excess Sec II :S$ **D.O.A :** 14/10/19   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**

SKR 3170S.

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: _zoom_		WSP:		WSP:		WSP:
	Tel : _autowerks_		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SKR3170S S MA/MCE9018321/RA over 14/10/9		Non-Reporting ltr (1st):	
	SHD100D		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:	
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	
			Others:	

FINALIZATION	Date/Time:		Confirm with:	Confirm by:	
Repair Cost: **L/S**	S$ 3,700.00 (4 days) Reduction: 7756.00 % 68			Email ☐ Call ☐	

FINAL SETTLEMENT Date/Time: 20/05/2021 Confirm with ELIN   Email ✓ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2960.00	S$ 1,480.00 (AXA'S INSTRUCTION)	
Loss of Rental (LOR): 600	S$ 300.00 (6 days) x $100.00	* CONFLICTING VERSION *
Loss of Use (LOU):	S$ ($ 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	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ AXA INSTRUCTION	3) Survey fee: $350.00
Total:	S$ 1,787.45 **Global Sum S$:** 1,780.00	

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

Payee 1:	S$ 1,780.00	Name 1: ZOOM AUTOWERKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

ASS. REC. BY: Marcus

ASSIGNMENT

Veh No: SKR 3120S   Yr Regn: 1 , 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CA/

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKR 3120S

at Workshop m/s   Zoom

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

Make: Nissan Qashqai   c.c 1197

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

Sp.Reading 84392   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SJNFEAJ11U12755532

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R17

R:

(Policy Condition)

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

Bal. or Market Value: 5.2k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or   Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 14/10/18		D.O.I. 17/10/18	

Survey held at

1-26G

Vehicle: IN / OUT

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

N/S R1.

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

Date / Time	Action / Instruction
	LTA 41371 Syns. 3rd Regn.

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

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

                               Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS,__ SI

         ☐ : Interview ($) Photos

         ☐ : Tech. Invs ($) Others

Report Format :

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

         ☐ : Weekend ($)

                               TOTAL