15/5/2010

INS. CASE OWNER: stacey | CC 4 KSM ~~AXA~~1901 8900 / 4 pgs | LKK: IDAC:

ASSIGNMENT

Surveyor: marcus DOI: 24/10/19. Date / Time : 24/10/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 730. Claim No. : SAMO24GF/147860

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 22/10/19. 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**

SJX 5449P →

INSRS: WSP: Exclusive Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJX5449P-t SLM730-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$ 1900.00 (4 days) Reduction: 4856.00 % 72 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/09/2020 Confirm with ICE Email ☑ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 1900.00	S$ 950.00		
Loss of Rental (LOR) 300.00	S$ 150.00 (3 days) x $100		
Loss of Use (LOU):	S$ ($ x days)		*CONFLICTING VERSION*
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$	3) Survey fee:	$350.00
Total:	S$ 1107.45 **Global Sum S$:** 1100.00		

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

Payee 1:	S$ 1100.00	Name 1:	EXCLUSIVE ENTERPRISE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: marcus | REF: Asm (AXA)

ASSIGNMENT

From: | Date: 24.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SJX 549P

at Workshop m/s Exclusive Enterprise

of 8 Kaki Bukit Ave 4 #03-50

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: 12800

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

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SJX549P | Yr Regn: 12/5/10

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

Make: Toyota Vios | c.c 1497

Colour Black | A/C: Insured / Std / NI / NA

Sp.Reading 161790 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0EZ3H493056400

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: 195/50R16

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.	24/10/19	D.O.I.	24/10/19

Survey held at

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

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

Date / Time	Action / Instruction
	Nett 450$
	6 wks plus 2YA $295

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I. (S)

Survey Fee:	
Transportation:	S + RS SI
Photos	
Others	
TOTAL	