15/5/2010

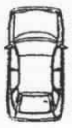
INS. CASE OWNER: peter | CC 4 /ASM190 21811 , E963 | LKK: IDAC:

ASSIGNMENT

Surveyor: STOOB | DOI: 11/11/19 | Date / Time : 11/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGJ 6496C | Claim No. : SAMU2JJ/151082

Name of Insured : | Policy No. :

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

Excess Sec II :S$ | D.O.A : 7/11/19 | 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**

SGK 5473N → → →

INSRS:
WSP: Auburn
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGK 5473N - T SGJ6496C - 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$ 1300.00 (2 days) Reduction: 6100.00 % 82 | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/11/2020 Confirm with SAM | Email ☑ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1300.00	S$ 650.00	
Loss of Rental (LOR): 300	S$ 150.00 (2 days) x $150	
Loss of Use (LOU):	S$ ($ 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$ 7.49	
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: $350.00
Total:	**S$** 807.49 **Global Sum S$:**	

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

Payee 1:	S$ 807.49	Name 1:	AUBURN AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Steve | REF: ASM (AXA) | cecilia

ASSIGNMENT

From: | Date: 11.12.2019

Estimated Cost:

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

To Inspect Vehicle No: SGK 5473U

at Workshop m/s Auburn Auto

of 3 Ang Siang Rd 62 Lint @ amc 01-45

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:

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 (cmp'd)

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SGK 5473U | Yr Regn: 17/8/96

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

Truck / Trailer or

Make: Mitsubishi Grandis | c.c 2378

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

Sp.Reading 208435 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYL RNA4W6Z003614

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: 215/60R16

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	7/12/19	D.O.I.	11/12/19

Survey held at Auburn

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

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

Date / Time	Action / Instruction
	MV- 10,000
	PV- 7527
	NV- 2473

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.P.I: ( )

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