15/5/2010

INS. CASE OWNER: Peter | CC4/ASM190 [illegible] | LKK: IDAC:

ASSIGNMENT

Surveyor: Tantech. DOI: 18/11/19. Date / Time : 20/11/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJS 5877E Claim No. : SQM0118/15MP

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/11/19. 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

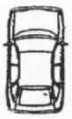
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLX 9761K → → →

INSRS: Zoom Autowerks
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLX 9761K – SJS5877E – OI NR

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$ 2000.00 (2 days) Reduction: 9807.17 % 83 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/05/2020 Confirm with ELIN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2000.00	
Loss of Rental (LOR):	S$ 240.00 (2 days) x $120	
Loss of Use (LOU):	S$ ($ 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'S INSTRUCTION	3) Survey fee: $350.00
Total:	S$ 2247.45 **Global Sum S$:** 2300.00	

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

Payee 1:	S$ 2300.00	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: Tmyfm | REF: AXA.

ASSIGNMENT SLX926K

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

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: Elaine | Vehicle: **IN / OUT**

Veh No: | Yr Regn: /

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

Make: Toyota Wish | c.c 1798

Colour White | A/C: **Insured / Std / NI / NA**

Sp.Reading 79088 | T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTDZN20W20J008945

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: 195/65R15

R: 2 "

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.		D.O.I.	18/12/19 @ 425pm

Survey held at Zobni Works

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

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

Date / Time	Action / Instruction
	94507920. 15 Kelvin Bukit Rd 4 #01-05/5
	19/12 Tomorrow moving Resurvey
	N/S will pass estimate later.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

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