15/5/2010

INS. CASE OWNER:

LOH Cynthia 6568804843

CC4/ASM19022516/T1ga3

LKK: IDAC:

152664

	ASSIGNMENT
DOI:	20/12/2019

TAUFIKH Surveyor:

20/12/2019 Date / Time:

Registered in Merimen:

S9M02ASD

GA141496

Pre-assign / CCU / FTE



SGV 2527K Insured Vehicle No.

WANG DUO

HP: 93655092

(YES / NO)

D.O.A: 18/12/2019 19:30 Nature of Accident

Policy No.

Claim No.

Make / Model Place of Accident: TOYOTA RUSH 1.5

LOWER KENT RIDGE RD ABOUT EXITING TO

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability:

Final? Yes/No

SMJ 4022D

Excess Sec II :S\$ Is driver the owner?



INSRS: WSP: Glockewerke

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time				
	SMJ 4022D - X	SGV 2527K - X	STAGE	DATE / PIC
	OINID T	LE LILLE File sees to Culli	Non-Reporting ltr (1st): 30	2020
8/1/2070-	OINR. To send o	out first letter. File pass to Su Li.	Non-Reporting ltr (2nd): (0 (2)) Non-Reporting ltr (Final):	2020
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: Ha	ndler Typist
4.4/07/0000	AXA INFORM THAT TP PASS LAWYER TO HANDLE.		Notification ltr (if non-pickup)	
14/07/2020	SUBMIT WP, ADMIN		After call ltr to OI:	
	· ·		Authorisation To Act:	
			Release Voucher:	
			Final Repair Bill:	
			Car Rental Invoice:	HH
		1	Towing Invoice	
			LTA / GIA :	
			Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	
INALIZATION	Date/Time:	Confirm with:	Confirm by:	
epair Cost: L/S	S\$ 2700.00 (4		Email	Call
INAL SETTLEMENT	Date/Time:	Confirm with	Email Call	
inal Liability:		/ Assessed) BOLA S/N No.: 13B	If NO or B 28, Ass. Lia:	
epair Cost:	SS			
oss of Rental (LOR):	S\$ (days)		
oss of Use (LOU):	S\$ (\$ x	days)		
oss of Income (LOI):	S\$ (\$ x			
OR only LOU only	LOR + LOU	LOR + LOI [Tick only one]		
JIA/LTA Search	SS			
ledical:	SS		1) Claim status: Normal/Reject/	Private Settle
isbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: WP	
egal Cost	S\$		3) Survey fee: \$250.00	
otal:	S\$	Global Sum S\$:		
INAL PAYMENT	Date/Time:	Confirm with:	Email Call	
ayee 1:	SS	Name 1:		
2 (0 11 1631 4)	S\$	Name 2:		
ayee 2: (Strike if N.A.)	O.D	1.44410		

Taylor 1555 FLG BY	REF:	AXA
Part of the second second second	The state of the s	ASSIGNMENT
From: Estimated Cost:	Date:	Veh No: SM 54022D Yr Regn: 2019, Feb, Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
(A)	ES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle N	0:	Make: Maz da, 6 c.c 1998
at Workshop m/s		Colour Red A/C: Insured / Std / NI / NA
of		Sp.Reading 16514 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: 5M6GL1072K03/1255
Claims No.		Gen. Cond: (Foot / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh.		Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition) Remark: The veh ha repair at th	ad commenced its N/S he time of inspection.	Tyre Size: F: 225/) 7. R: ^ BS/DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal, or Market Value	Adrk.	Front (Rear (
IDAC Accident Rpor	t: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 20/12/19
Lum Sum:	% 3 Val.: Yes or No	0000
CA / REV / RE	Vehicle	Des. of Damages : Frt / Rear / Ois / N/S / U/C Rooftop or
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV	REP. / 2	4 HRS	Vehicle: IN / OUT		,		
Date:				The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time	Action / Instruction			5424	21 KBR9 4 #01-02		
Date/Time, File Pa	II.	: Preli. Report)	Days Of Repair:	F12000 1 1000 1 100 A A A A A A A A A A A A		
1)		: Final Report		Resurvey No. of Trip:	Survey Fee:		
Date/Time, File Re	eturn to?	CCCCC	w.	E 1420/14103	Transportation:		
2)			Add Fee	: Site Insp (\$)S÷RS,SI,		
				: Interview (\$) Photos		

Report Formet:

Tech. Invs (\$

:Westend (\$

Others

TOTAL