OH Vale		LKK:	
6568804897	CC4/ASM20002378/Uga3	IDAC:	159993

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS** DOI: 11/02/2020 Date / Time : 11/02/2020

Registered in Merimen: ———

Pre-assign / CCU / FTE
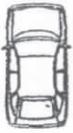
Insured Vehicle No. :	~~YN 1693Z~~ YN 8312C	Claim No. :	S0M02FYY
Name of Insured :	HUB DISTRIBUTORS SERVICES PTE LTD	Policy No. :	P1633495
Insured Tel No. :	HP: 65674755	Make / Model :	MITSUBISHI FUSO FM65FM2RDEB
Excess Sec II :S$	D.O.A : 10/02/2020 11:20	Place of Accident :	CLEMENTI AVE 6 EXIT TWDS PIE

Is driver the owner? (YES / NO) Nature of Accident : _____

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**

~~YN 1693Z~~ →	SMA 3822R →	YN 1693Z →	
YN 8312C			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: FASTECH	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SMA 3822R NA/CTI20002339/h4; DOA: 10.02.2020		Non-Reporting ltr (1st):	
	YN 8312C NA/EQI20002336/h4; DOA: 10.02.2020		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	OINR. To send out first letter. File pass to Su Li.		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$ 33,000.00 (15 days) Reduction: 49,885.62 % 56 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/06/2020 Confirm with: SHI YING Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S$ 35,310.00		
Loss of Rental (LOR):	S$ (days)	C.C (OI LAST)	
Loss of Use (LOU):	S$ 1360.00 ($ 80 x 17 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$ 2.00	1) Claim status: Normal/Reject/Private Settle	
Medical:	S$	2) Report Format: TP	
Disbursement:	S$ 60.00 (e.g. Toy / Independent)	3) Survey fee: $350.00	
Legal Cost	S$		
Total:	S$ 36,732.00 Global Sum S$: 36,500.00	Email ✓ Call ☐	

FINAL PAYMENT Date/Time: _____ Confirm with: _____

Payee 1:	S$ 36,500.00	Name 1: FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

ASS. REG. BY.   REF: : AXA /

ASSIGNMENT

| | | Veh No: SMA 3822R Yr Regn: 6, 18 |

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _ SMA 3822R

at Workshop m/s _____ fastick

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 10·30 am (seek go)

(Policy Condition)

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

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 ⁱᵘᵖ⁾   326B
                        Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMA 3822R Yr Regn: 6, 18

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

Truck / Trailer or C4 /

Make: Teypto C-HR Hybrid c.c 1797

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

Sp.Reading 24487 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX10 2080493

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: 215/50R17

          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. 10/2/20		D.O.I. 12/2/20	

Survey held at _____

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

Rear & Rt.

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

| N/S | O/S |

Date / Time	Action / Instruction
	have GIA

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

                        ☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / LBJ :

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

         ☐ : Interview ($ _____)

         ☐ : Tech. Invs ($ _____)

         ☐ : Week end ($ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL