

15/5/2010

CC3/AXA14006751/Kka3s2-1

LKK:

INS. CASE OWNER:

CC /AIG1900 /

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGV9321R**

Claim No. :

Name of Insured : **SHAFIQ BIN MOHAMED YUNOS**

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

Place of Accident :

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



INSRS:

WSP:

Tel : **TP**Liability **SHB7855Z**

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: L/S \$7,150	(5 days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 24/4/2020 Confirm with: Ng Wai Yin Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: 100	% 25 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : 25
Repair Cost (w/GST) 7,650.50	\$ 1,912.63	OI MANAGED TO CLAIM 80%
Loss of Rental (LOR) 731.88	\$ 182.97 (6 days) X \$ 121.98	AXA APPROVED LAIBILITY: 25%
Loss of Use (LOU):	\$ (\$ x days)	
Loss of Income (LOI):	\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	*WP submitted earlier
GIA/LTA Search	\$	
Medical:	\$	1) Claim status: Normal/Reject/Dispute/Settle
Disbursement:	\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$	3) Survey fee:
Total: 8,382.38	\$ 2,095.60	Global Sum \$: 2,000
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$ 2,000	Name 1: Trans-Cab Auto Services Pte Ltd
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3:

15/12/2010

CASE OWNER: Hossie Ang

CC3 / AXA140067511

LKK:
IDAC:

To check (TP) +

ASSIGNMENT

Surveyor:

Kenneth

DOI:

08/04/14

Assg Date:

08/04/14NEED TO CHECK
DAMAGE

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGV 9321R

Claim No.:

:

Name of Insured:

Shafiq Bin Mohammed Yunus

Policy No.:

P1014074

Insured Tel No.:

HP: 92478946

Make / Model:

Proton

Excess Sec II : SS

D.O.A: 05/04/14Place of Accident: Bukit Payang Entrance to BKE

Is driver the owner? (YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age:

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

Driver Tel No.:



INSRS:

WSP: Trans Cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	FOR CSO ONLY:	STAGE	DATE / PIC
<u>26/06/14</u>	Is driver the owner? (YES / NO)	Finalisation:	
<u>Vic</u>	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number:	Apt letter to OI:	
	<u>SHB78557-X</u>	Call OI: <u>15/7/14 LKK</u>	
	<u>SHV9321R-X</u>	After call ltr to OI: <u>Rosey (10/11/14)</u>	
		Type Report:	
		Prepare Invoice:	
		Others:	
<u>23/6/14 2:24PM</u>	Called OI - not in the service.	Documentation Check List:	Handler Typist
<u>14/9/14 2:56PM</u>	Called OI - not in the service.	OI Apt Ltr:	<input type="checkbox"/>
<u>15/9/14 11:44AM</u>	Called OI - not in the service.	Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
<u>16/7/14 5:09PM</u>	Called OI confirmed the accident and mentioned that TP turned and hit OI front left side TP also admitted his mistake he had some photos. Informed TP claim and advise of NCD issue.	LTA / GIA:	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
<u>21/7/14</u>	OI my Shafiq at 9114 231 called in and received the letter and will forward some photos by e-mail.	Approval Email:	<input type="checkbox"/>
<u>24/7/14</u>	Received the accident photo from OI.	Payment Breakdown Form:	<input type="checkbox"/>
<u>26/11/14</u>	Sent email to Workshop. 102818	Others:	<input type="checkbox"/>
	To check TP damage with Kenneth, before unblock our liability (No damages in left side)		
<u>27/11/14</u>	50% (To check CCTV - to workshop)		
<u>28/11/14</u>	Follow up with TP for their acceptance. IF AFTER CONSIDERABLE TIME HEARD NOTHING FROM THEM WE CAN PROCEED TO CLAIM.		
FINAL SETTLEMENT	Date:	Confirm with	
Repair Cost:	SS	Final Liability	50% (Agreed / Assessed)
Loss of Rental:	\$	(days)	
Loss of Use:	SS	(\$ x days)	
Disbursement:	SS		
Total:	SS	Global Sum: SS 4200	
		BOLA S/N No.:	Nil
		If NO or B 28, Ass. Lia:	
		Format Type:	W/P

ASS. REC. BY:

REF:

ASSIGNMENT

Kenneth

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

Get Car

21/8/14 11:00 AM 71501 Confirmed Damage

01-10-15 Note to AXA whether we can close the file as our offer of 20% to TP was rejected. As suggest to close temporary.

Bal (\$ 11387.05, 6/10)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE SINGAPORE PTE LTD			Ref : CC3/AXA14006751/Krb3	
8 SHENTON WAY #27-01 SINGAPORE 068811			Date : 10-04-2014	
			Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGV 9321R	Veh. Inspected	SHB 7855Z	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	08/04/2014	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer		Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	05/04/2014	Inspection Date	08/04/2014	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 466-468 TAGORE INDUSTRIAL AVENUE SINGAPORE 787835			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				