281

INS. CASE OWNER: Flossie

ASSIGNMENT

Surveyor: KSC   DOI: 23.10.14   Assg Date: 23.10.14

Pre-assign / CCU / FTE

Insured Vehicle No.: GT 8992 X   Claim No. : C0321248

Name of Insured : Hui Wang Enterprise   Policy No. : P1003314

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

Excess Sec II :S$ 2300.00   D.O.A : 20.10.14   Place of Accident : AMK Ave 8

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

If NO, Driver Name / Age : Nelson Gundan

Driver Tel No. : 8524 9903   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

(V/L: YES / NO Insured Liability :   % Final ? Yes / No

SDV 9535B

INSRS: INSRS: INSRS: INSRS:
WSP: Auto Excel   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

PB1.

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
16.1 Nc	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age :	Email AJG for OI GIA:	LKK (QA)
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	X	Call OI: 040515 - Sevan	
	X	After call ltr to OI: 040515 - Sevan	
	No yet sent PA & estimate.	Type Report:	Kch
	ESTIMATE RECEIVED.	Prepare Invoice:	5/8/8
	TO SEND PA TO AXA. FINALIZED.	Others:	

Documentation Check List: Handler   Typist
OI Apt Ltr:
Authorisation To Act:
Release Voucher:
Final Repair Bill:
Car Rental Invoice:
LTA / GIA :
Medical Bill:
Approval Email:
Payment Breakdown Form:
Others:

040515 @ 1046   CALL OID NO Response
@ 1646   CALL OID company request to call 6.25 6473141
WINSTON. WILL CALL BACK AND CHECK HER
FILE. RENTED VEHICLE.
@ 1110   PIC WINSTON CALLED. TYPE RECEIVE PID mention
ANOTHER VCH INVOLVED. OID A HIGH PIR
MENTION THEY CANNOT CONTACT OID AS
OID HAVE OUTSTANDING PAYMENT TO THE
COMPANY. INFORM ABOUT TP CLAIM. PIC
AWARE NCD WILL BE AFFECTED AND
EXCESS TO BE PAID LETTER SENT TO OI
- TO VAN PLUS AFTER LETTER SENT OUT.
- TO GET GIA REPORT OF OTHER VEHICLE
- TO GET EVIDENCE.
- TP LOD IN. TP WANT TO PASS TO LAWYER.

01-7-16 Based on Bola, we are liable to Both m/cyclist & T/P Vehicle - should settle ASAP
15-11-16 If T/P passed the File to Lawyer for Handling, write to AXA to close File.

OID HIT 2 VEHICLE

FINAL SETTLEMENT   Date 03/07/2020 Confirm with Ryan

Repair Cost: w/GST	S$ 1,551.50	Final Liability 100 % (Agreed / Assessed)	BOLA S/N No. : NIL
Loss of Rental:	S$ — (days)		If NO or B 28, Ass. Lia :
Loss of Use:	S$ 200.00 ($ 50 x 4 days)		Format Type : WP REPORT / TP INDEMNITY
Disbursement:	S$ —		$360.00
Total:	S$ 1,751.50	Global Sum: S$ 1,750.00 - AutoExcel Enginnering Pte Ltd	

"NO SETTLEMENT. WP REPORT. TP PASS LAWYER"

ASS. REC. BY:

REF: AVA /

Kenneth

ASSIGNMENT

From:	Date:

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Na exal

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 Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 03 days Res.: **Yes** or **No**

Lum Sum: 2 c % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SDV 9535B   Yr Regn: 09, 07

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

Make: Hyundai Matrix   c.c. 1599

Colour: B. Green   A/C: Insured / **Std** / NI / NA

Sp.Reading 185719   T/Radio: Insured / **Std** / NI / NA

Eng/No: _____

C/No: KMHPN8ICR7U289499

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: 185/65R14

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A. 20/10/14		D.O.I. 23/10/14	

Survey held at _____

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

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

N/S	O/S

Date / Time	Action / Instruction
	En not ready
	FINALISED COR L/S $ 1450 WITH 4 DAYS
	(RBD: $ 1,673.74 / 54%)

Date/Time, File Pass to?

☐ : Preli. Report

1) _____
Date/Time, File Return to?

2) _____

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee: _____
Transportation: _____
__ S + RS __ SI
) Photos
) Others

Report Format : _____

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

TOTAL