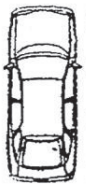
15/5/2010

INS. CASE OWNER: CC 3 /AXA150020222 / Kp e3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 02/02/15 Assg Date: 02/02/15

Pre-assign / CCU / FTE



Insured Vehicle No. : SKB 1515J Claim No. :

Name of Insured : Policy No. :

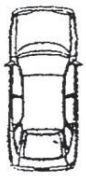
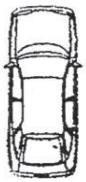
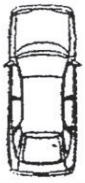
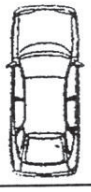
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/01/15 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**

SHB9939C →	→	→	→
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-Cab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver's Own Vehicle Number: Insurance Company:

SHB9939C - X

SKB1515J - X

STAGE	**DATE / PIC**
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
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:		

FINAL SETTLEMENT Date : Confirm with

Repair Cost: S$ Final Liability % (Agreed / Assessed) BOLA S/N No. :

Loss of Rental: S$ (days) If NO or B 28, Ass. Lia :

ASS. REC. BY: Kenneth

REF: AVA /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 2½ days Res.: **Yes** or **No**

Lum Sum: 1.B.I % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SHB 9939C Yr Regn: 09 / 13

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

Make: Renault Latitude c.c 1995

Colour M. White/Red A/C: **Insured / Std / NI / NA**

Sp.Reading 218970 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VF1ABL15AU*C 273307

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: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A.	29/1/15	D.O.I.	2/2/15

Survey held at _____

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

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

Date / Time	Action / Instruction

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

1) _____ ☐ : **Final Report**

Date/Time, File **Return** to?

2) _____

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	