15/5/2010

INS. CASE OWNER:

CC 4/AXA150 03988/Gr e3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Guo Qiang DOI: 02/03/15 Assg Date: 02/03/15

Pre-assign / CCU / FTE

Insured Vehicle No. : SFU 3331T Claim No. :

Name of Insured : Policy No. :

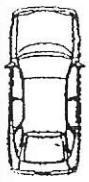
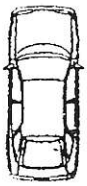
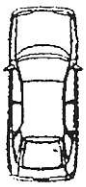
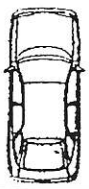
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 25/02/15 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**

YL5571B →	SST5650S →	SFU 3331T →	SKC 309P
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: Ricardo
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:

SKC309P-X
SFU3331T-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 :

Loss of Use: S$ ($ x days) Format Type :

Disbursement: S$

Total: **S$** **Global Sum: S$**

(08/11/13)

ASS. REC. BY: XMX

REF: AXA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ricarda Auto

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKC309P Yr Regn: _____ / _____

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

Make: Chevrolet Cruze c.c _____

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

Sp.Reading 37189 T/Radio: Insured / Std / NI / NA

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: 215/50R17

R: 11

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

Front		Rear	
R/Bal.	mm	R/Bal.	mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	02-03-15

Survey held at WS

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

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

Date / Time	Action / Instruction
	OS1

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

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