

INS. CASE OWNER:

CC 3/AXA150 20992/ Knb3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

8/12/2015

Date / Time :

8/12/2015

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBC 278B

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A : 6/12/2015

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SHD 9709P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 9709P - CC3/AXA15003371/Knb3 2015 DIA: 18/12/15  
SBC 278B - X

## 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)

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:

Email Call

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

S\$

(

days)

Reduction:

%

Confirm by:

Email

Call

## FINAL SETTLEMENT

Date/Time:

Confirm with

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

Email

Call

Repair Cost:

S\$

If NO or B 28, Ass. Lia :

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

## FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

REF: *AXN*

ASS. REC. BY:

*Kenneth***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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: *02* days Res.: Yes or NoLum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: *SHD 9709P* Yr Regn: *04, 13*

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

Truck / Trailer or \_\_\_\_\_

Make: *Chevrolet* *Epica* c.c. *1991*Colour: *White/Red* A/C: Insured / Std / NI / NASp.Reading: *503070* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *KLILA 6PRTBB 123666*Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: *Borel* *195/65R15*R: *Falken*

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. *8* mm R/Bal. *3* mmL/Bal. *8* mm L/Bal. *3* mmD.O.A. *6/12/15* D.O.I. *8/12/15*

Survey held at \_\_\_\_\_

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

*Rear* *o/s*

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

Date / Time Action / Instruction

*9/12* *Call by 8 2400 Latel*

*u* *File pass to Catherine*

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL