

15/5/2010

CC 3 / AXA1600 2978, Khg3

LKK:

IDAC:

INS CASE OWNER:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

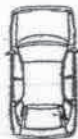
16/2/16

Date / Time:

16/2/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

DJR 2629K

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

14/2/16

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

SHC 5246P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date / Time | STAGE | DATE / PIC |
|---|------------------------------------|--|
| SHC 5246P - (8) / FC13013750 / TMM2 09-25/7/13 DJR 2629K - A | 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: | | |
| PRELIMINARY ADVICE Date/Time: | Sent By: | Confirm by: |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: S\$ | (days) Reduction: % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % | (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: S\$ | | |
| Loss of Rental (LOR): S\$ | (days) | |
| Loss of Use (LOU): S\$ | (\$ x days) | |
| Loss of Income (LOI): S\$ | (\$ x days) | |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ | | 1) Claim status: Normal/Reject/Private Settle |
| Medical: S\$ | | 2) Report Format: |
| Disbursement: S\$ | (e.g. Tow/ Independent) | 3) Survey fee: |
| Legal Cost S\$ | | |
| Total: S\$ | Global Sum S\$: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL PAYMENT Date/Time: | Confirm with: | |
| Payee 1: S\$ | Name 1: | |
| Payee 2: (Strike if N.A.) S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) S\$ | Name 3: | |

ASS. REC. BY:

REF: ADA**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: 08 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 5246P Yr Regn: 02, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Renault Latitude c.c. 1995Colour White / Red A/C: Insured / Std / NI / NASp. Reading 237703 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC 276844Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Mil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or RoveloFront 8 mm Rear 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 14/2/16 D.O.I. 16/2/16Survey 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

17/2 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: _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format : _____

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