15/5/2010

INS CASE OWNER:

CC 4/AXA1600 32e16, M1293

LKK:
IDAC:

ASSIGNMENT

Surveyor: Ma DOI: 22/7/16. Date / Time: 22/7/16.
Registered in Merimen: 23/8/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	GU 7840 C	Claim No. :	C0372900
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	S$2,000.00 D.O.A: 18/8/16	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**

GBC 4806 B. → → →

INSRS: WSP: PM-1 Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
	GBC 4806B - X	Non-Reporting ltr (1st):	
	GU 7840C - C83/IHC/18/356/PM/ Gan 12/10/16	Non-Reporting ltr (2nd):	
	C83/ IHC/ 16/356/PM/001-1	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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
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 ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

(08/11/13)

Surveyor:

REF: AXA

ASSIGNMENT

From: _____ Date: 23.02.2016

Estimated Cost: _____

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

To Inspect Vehicle No: GBC 4806B

at Workshop m/s Em-1 Auto

of Blk 7 Sin Ming Ind Est #01-82

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
	X

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: GBC4806B Yr Regn: JN2 / 12.

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

Make: NISSAN CABSTAR c.c 2953

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 160350 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JN1SC2F24Z08504647

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: 195/R15 Yeko

R: 165/R13 DUN.

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/2/2016	D.O.I.	23/02/2016

Survey held at _____

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

NS Body OS U/C.

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

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

...CLAIM SUBFOLDER...(New Assignment)

Direct Settlement

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	*Status*
Main	22 Feb 2016		22 Feb 2016 15:27 Assign				***New Assignment*** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS			**[Created by insurer]**
Insured:	**MONZONE AIR-CONDITIONING PTE LTD,** NRIC: 200102928W		
Main Claimant:	**SANTE MACHINERY PTE LTD**		
Vehicle Reg. No.:	**GBC4806B**	**Date of Loss:**	18/02/2016 00:00 - :59
Claim Type:	**TP** / C0372900	**Policy/Cover Note No.:**	P1660627 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	**GU7840C**	**Policy No. (Claimant):**	
		Excess:	S$2,000.00
Repairer:	**Em 1 Auto Trade (HQ)** Blk 7 Sin Ming Industrial Estate Sector C #01-82, 575642 Sin Ming - Tel: 9666 6556		
Handling Insurer:	**AXA Insurance Singapore Pte Ltd (HQ)** - Tel: 6338 7288 ... [Handled by **Vale Oh** - 6880 4897]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Final Rpt** due 02/03/2016]		
Driver/Custodian (Insured):	LOH CHONG PUAN (39), NRIC: LOH CHONG PUAN		

ASSOCIATED MAIL RECEIVED View All | Compose Case Mail

- AXA_SG (22/02/2016): **New TP Assignment - C0372900/P1660627**

ALL ASSOCIATED TASKS View All | Search Tasks | Create New Task | Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?

No results.

22.02.2016 @ 3.44pm
Mr. Chia Veh in

23.02.2016 Mu