15/5/2010

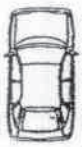
INS CASE OWNER: Siew Thong | CC4./AXA1600 4577 / hq3. | LKK: | IDAC: /AXA1600

ASSIGNMENT

Surveyor: Calvin. DOI: 10/3/16. Date / Time: 10/3/16

Registered in Merimen: 10/3/16.

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV9385X Claim No. : C037583.

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ – D.O.A : 8/3/16 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**

PC3165H → → →

INSRS:
WSP: SC Auto.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC3165H-X SJV9385X-NA/INC13C0131L/82 09/8/13.

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:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost:	S$ (days) Reduction: %		
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:	

Surveyor: Kelvin | REF:

ASSIGNMENT

From: _____ Date: 10/3/16

Estimated Cost: _____

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

To Inspect Vehicle No: PC3165H

at Workshop m/s SC 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: PC3165H Yr Rego: 12 Jan 2015

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

Make: ISUZU LTRXP c.c 7790

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

Sp.Reading 48000 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALLT4J4XPE7.00097

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: 11 R 22.5

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4.4 mm
L/Bal.	4 mm	L/Bal.	4.4 mm
D.O.A.	8/3/16	D.O.I.	10/3/16 10am

Survey held at SC Auto

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
	A x R

Date/Time File Pass to:

1) _____

Date/Time File Return to:

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Reasurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (@ _____)

☐ : Interview (@ _____)

☐ : Tech. Invs (@ _____)

☐ : Weekend (@ _____)

Report Format : _____

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

Survey Fee	
Transportation: ___$ x RS ___$	
Photos	
Others	
TOTAL	

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

Non-Reporting

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	*Status*
Main	09 Mar 2016		09 Mar 2016 17:43 Assign				***New Assignment*** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	**PLATTS THOMAS NIGEL, JAMES LANDSBROUGH,** NRIC: G5095106K, Tel: +6597242511, Email: TOMPPLATTS1978@GMAIL.COM		
Main Claimant:	**KAL TRANSPORT PTE LTD,** NRIC: 200505086E		
Vehicle Reg. No.:	**PC3165H**	**Date of Loss:**	08/03/2016 09:00 - :59
Claim Type:	**TP** / C0375003	**Policy/Cover Note No.:**	GA060103 (Comprehensive)
Vehicle Reg. No. (Insured):	**SJV9385X**	**Policy No. (Claimant):**	
		Excess:	S$0.00
Repairer:	**SC Auto Industries (S) Pte Ltd (HQ)** 51 Senoko Road #03-01, 758133 Woodlands - Tel: 67582222/65719972		
Handling Insurer:	**AXA Insurance Singapore Pte Ltd (HQ)** - Tel: 6338 7288 ... [Handled by **Khor Saw Theng** - 6880 4754]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Final Rpt** due 18/03/2016]		

ASSOCIATED MAIL RECEIVED View All | Compose Case Mail

- AXA_SG (09/03/2016): **WP / New TP Assignment - C0375003/GA060103**

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.

veh not in