CC 3 7AXA1600 6755., Kyg3.

LKK:
IDAC:

INS. CASE OWNER:

## ASSIGNMENT

Surveyor: _Kenneth._
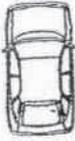
DOI: 11/4/16.

Date / Time : 11/4/16.

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : _SJP 7186M_

Name of Insured :

Insured Tel No. :

HP:
D.O.A : 9/4/16

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

**Excess Sec II :S$**

Is driver the owner? ( YES / NO )

Nature of Accident :

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

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % **Final ? Yes / No**

PB1.

SHD 274K →
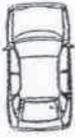
INSRS:
WSP: Trans-cab
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SHD 274K = CC37AXA1400 7314 Kzy3u) DDA | Non-Reporting ltr (1st): | |
| | SJR 7186M-X | 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: _____ Email ☐ Call ☐

| Repair Cost: | S$ | ( days) Reduction: | % | Email ☐ Call ☐ |
|---|---|---|---|---|

**FINAL SETTLEMENT** Date/Time: _____ Confirm with _____ If NO or B 28, Ass. Lia :

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

| Final Liability: | % | |
|---|---|---|
| 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$ | | 1) Claim status: Normal/Reject/Private Settle |
|---|---|---|---|
| Medical: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: |
| Disbursement: | S$ | | 3) Survey fee: |
| Legal Cost | S$ | | |
| Total: | S$ | Global Sum S$: | Email ☐ Call ☐ |

**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: |

REF: AXA/

## ASSIGNMENT

Kenneth

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 Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 09 days    Res.: **Yes** or **No**

Lum Sum: I.B.1 %    3 Val.: **Yes** or **No**

**CA / REV / REP. / 24 HRS**

Date: _____ Person Contacted: _____

Vehicle: **IN / OUT**

Veh No: SHD 274K    Yr Regn: 02, 16

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

**Truck / Trailer** or _____

Make: Renault Latitude    c.c 1995

Colour M. White / Red    A/C: **Insured / Std / NI / NA**

Sp.Reading 21756    T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VF1ABL 15AUC 282629

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:** 215/60R16

**R:** _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. 8 | mm | R/Bal. 8 | mm |
| L/Bal. 8 | mm | L/Bal. 8 | mm |
| D.O.A. 9/4/16 | | D.O.I. 11/4/16 | |

Survey held at _____

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 |
|---|---|
| 11/4 | GIA & EM not ready |
| 13/4 | File pass to Catherine |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File **Pass** to? ☐ : **Preli. Report**

1) _____

Date/Time, File **Return** to? ☐ : **Final Report**

2) _____

**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