

15/5/2010

CC 4/AXA1601

1993 / M2 x63

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MLF

DOI:

27/6/10

Date / Time:

28/6/10

Registered in Merimen:

28/6/10

Pre-assign / CCU / FTE

SHF 665E

Claim No.:

Policy No.:

Make / Model:

Place of Accident:



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

D.O.A:

Nature of Accident:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

S\$ 7191E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Em-1



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	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:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

If NO or B 28, Ass. Lia:

Final Liability:

S\$

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

Repair Cost:

S\$

(

days)

Loss of Rental (LOR):

S\$

(\$

x

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\$

Legal Cost

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 2M1

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJA7191E Yr Regn: JUL 08

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

Truck / Trailer or

Make: HONDA STREAM c.c. 1799Colour: Black A/C: Insured / Std / NI / NASp. Reading: 28624 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RN61069801Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45/17R: 2

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

TOYO / YOKO or D1R

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 24/6/2016 D.O.I. 29/6/2016

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

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

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. SI

Photos

Others

TOTAL

Report Format: _____

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