

15/5/2010

CC4/AXA1601

8353, K2y03

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

Falvin

DOI:

28/9/10

Date / Time:

28/9/10

Registered in Merimen:

28/9/10

Pre-assign / CCU / FTE

Y6 Y616B



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

D.O.A:

28/9/10

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

GMB 1083



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMRT



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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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\$	(S x days)	
Loss of Income (LOI):	S\$	(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:	

ASS. REC. BY: Kalin

REF:

ASSIGNMENT

From:

Date: 28/9/16

Estimated Cost:

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

To Inspect Vehicle No:

SMB108J

at Workshop m/s

SMART (Kranji)

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMB108J

Yr Regn:

13 Aug 2009Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mercedes Benz

c.c

11967

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

65/952T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WEB63442021800238Gen. Cond: Good / Fair Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD/Rim or

Tyre Size:

F:

275/70 R22.5

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.

26/9/16

D.O.I.

28/9/16 1515hr

Survey held at

SMART / KranjiDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop orO/S wing mirror

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

) TOTAL

Report Format :

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

)