

13/5/2010

CC 4/AXA1602 0871, Dwb3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

Bryan

DOI:

3/4/10

Date / Time:

2/11/10

Registered in Merimen:

2/11/10

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGL 2126E

Name of Insured:

Insured Tel No.:

HP:

D.O.A:

28/10/10

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)

GKA 7575B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Teamwork



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

RMKS:

Date/Time	STAGE	DATE / PIC	
9EA 7575A 96L 3126E 5 na/ntr/16020715/ha 00H: 26/10/10	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:

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	(days)	Reduction:	%
Repair Cost:	S\$				
FINAL SETTLEMENT		Date/Time:	Confirm with		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:			
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\$	(e.g. Tow/ Independent)			
Disbursement:	S\$				
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:			

- 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 _____

of _____

Insured: _____

Policy No. _____

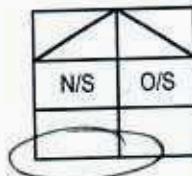
Claims No. _____

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKA 7575 B Yr Regn: Nov / 2012Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz CL3350 cc 3498Colour: Black A/C: Insured / Std / NI / NASp. Reading: 28977 T/Radio: Insured / Std / NI / NAEng/No: 27695230008470C/No: WDD2183542A008031Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 255/40 R18R: — " —

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 5' mm R/Bal. 5' mmL/Bal. 5' mm L/Bal. 5' mmD.O.A. 28/10/2016 D.O.I. 03/11/2016Survey held at Teamwork Page UbiDes. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time Action / Instruction

AXA SGL3126E Pending estimate Repair cost more than 15K

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

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. \$ _____

Photos

Others

TOTAL