

15/5/2010

Peter

CC 4/AXA1701

9 May, A p 11/63

LKK:

IDAC:

INS. CASE OWNER:

Surveyor:

Adrian

DOI:

ASSIGNMENT

7/10/14

Date / Time:

9/10/14

Registered in Merimen:

9/10/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 826T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 6/10/14

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

SJC 729K

INSRS:
WSP:
Tel :
Liability :
RMKS:HO
BCHINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
17/07/2020	Pls refer to VIEWS for details.	
	*OI NON REPORTING TILL DATE	
	*NO FOLLOW UP FROM TP	
	*Submit WP to AXA	
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm with: _____ Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: L/sum	\$S 1,000.00 (3 days) Reduction: 78 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one)	
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	
Legal Cost	\$S	
Total:	\$S Global Sum \$S:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
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/Invalid/Sev

2) Report Format: TP

3) Survey fee: \$250.00

Signature: Adrian

REF: AXA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Ho Beng

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: 3 days

Res: Yes or No

Lum Sum: 20 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS wp

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SIC 2129R

Yr Regn: 1

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

Truck / Trailer or

Make: Honda Airward cc

1496cc

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 1350659

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GT11 205530

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R14

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 09-10-17

Survey held at W/S

3pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

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

Date / Time

Action / Instruction

L/sum \$1,000.00 (Red \$3,614.80 // 78%)

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 (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Photos

Others

TOTAL

Report Format :

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