

15/5/2010

CC 4/AXA1702

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

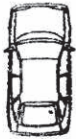
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : STW 7995T

Name of Insured :

Insured Tel No. : HP: 18/11/14

Excess Sec II : S\$

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

STJ 9789C



INSRS:

WSP:

Tel :

Liability :

RMKS:

JMS
Auto

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
STJ 9789C - 6	Non-Reporting ltr (1st):	
STW 7995T - 4	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:

Repair Cost:

S\$

(

days)

Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

S\$

(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 ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Ref: *Ref*
Ref: *AXA*

79002

ASSIGNMENT

From _____ Date 23.11.2017
Estimated Cost: _____
OD ☒ TS / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No SJJ 9789C
at Workshop no Jas Auto
of 6D Mandai Estate #03-02
Insured AXA / TP
Policy No. _____
Claims No. _____
Sum Insured. _____ Excess _____
(Client's Record)
Make of Veh: _____
10am-11am
(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value. _____
IDAC Accident Report: _____ 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

N/S	O/S

Veh No SJJ 9789C Reg: 2008 SJP
Type ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make TOYOTA ISIS (1.8 A) cc 1794
Colour BLACK Insured / Std / NI / NA
Sp Reading 184106 Radio Insured / Std / NI / NA
Eng No. _____
C No. 2NM100056022
Gen. Cond. Good / ☒ Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modi: Nil / ☒ R / STD A / Rim or
Tyre Size: F: 195/65 R15
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. 18/11/17 D.O.I. 23/11/17
Survey held at JAS AUTO
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
N/S REAR
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action Instruction

Date/Time File Pass to: ☐ : Preli. Report

Date/Time File Return to: ☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transporter

Photo

Report Format: _____

Lump Sum / B/L: _____

Add Fee: ☐ Site Insp: \$

☐ Interview: \$

☐ Test: \$

☐ Travelling: \$

