

15/5/2010

INS. CASE OWNER:

CC 3/AXA1702 3607, Feb 07

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.:

SGD 98284

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature 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

INSRS:

WSP:

Tel:

Liability:

RMKS:

TMNS
CMB

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 7754T-x

SGD 98284-x

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:

GENERALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

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\$

(\$

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:

7x7 ✓

Kenneth

Veh No: 51713 47387 Yr Regn: 00, 12

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

Truck / Trailer or

Make: Chevrolet Engine CC 1991

Colour White / R / A/C: Insured / Std / NI / NA

Sp. Reading 327382 T/Radio: Insured / Std / NI / NA

Eng/No

C/No: KL12A69RTBR 104385

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: *Cmax 185/65R15*

R: 67

N/S	O/S

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

TOYO / YOKO or

Front

R/Bal. mmL/Bal. *P* mm

D.O.A. 8/12/17

Survey held at

Vehicle: IN / OUT

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

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

[illegible]

☐: Prel. Report

□: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$☐ Weekend (\$)

Survey Fee

Transportation

Photos

Catholics

FIGURE 4.