15/5/2010

INS. CASE OWNER: wan long | CC 4/AXA1702 7934, U pbh

LKK:
IDAC:

ASSIGNMENT

Surveyor: marius DOI: 18/12/17 Date / Time: 18/12/17
Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 7403Z Claim No. : S7M00505 | 22619
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S$ D.O.A : 15/12/17 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**

SJK 2959U → → →

INSRS: WSP: Fastech. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SJK 2959U – X SLP 7403Z – X	Non-Reporting ltr (1st):	
	* smartclaim.	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: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐
Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date Time: Confirm with
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$ 1) Claim status: Normal/Reject/Private Settle
Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format:
Legal Cost S$ 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: AYA/

Insurer: mercus

ASSIGNMENT

From:	Date:
Estimated Cost:	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: SJK2959 4	
at Workshop m/s:	
of	
Insured:	
Policy No:	
Claims No:	
Sum Insured:	Excess:
(Client's Record)	
Make of Veh:	

Veh No: SJK2959 4 Yr Regn: 10 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (CA)

Make: Hyundai Avante cc: 15-91

A/C: Insured / Std / NI / NA

Colour: Maroon

T.Radio: Insured / Std / NI / NA

Sp Reading: 62691

Eng No:

C/No: KMHDU41BR9U589774

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

	N/S	O/S

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Front		Rear	
R/Bal.	6 mm	R.Bal.	6 mm
L/Bal.	6 mm	L.Bal.	6 mm

D.O.A. 15/12/17 D.O.I. 18/12/17

Survey held at:

Bal. or Market Value: 14k.

IDAC Accident Rport: 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

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

MS frt, o/s u/c

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

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted: ~~11A 5163~~

Date / Time Action / Instruction

Have car only. Next 8837

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

1) : Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $

Interview $

Tech $

Weekend $

Survey Fee

Transportation

Photos

TOTAL

Report Format:

Lump Sum / I.B.I: $