

15/5/2010

INS. CASE OWNER:

Tan Kwee May | CC 4 / AXA170 24038, 19/12/17

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

19/12/17

Date / Time :

Registered in Merimen:

19/12/17
18/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

SAB 95144

Name of Insured :

TRANS-CAR SERVICES P/L

Insured Tel No. :

HP:

Excess Sec II :SS

5,000.00

D.O.A :

16/12/17

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

PL680520 67

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

SHC 35337



INSRS:

WSP:

Tel :

Liability :

RMKS:

CME 10403
(APC)

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 35337 - CC2 / 111501598 / 13/12/17 : DOA: 9/1/18
SAB 95144 - CC2 / AXA1 4004453 / 19/12/17 : DOA: 13/1/18

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:

20/12/17

Sent By:

[Signature]

FINALIZATION

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:

Surveyor

Kalvin

REF:

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.

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. _____

SHC 35337

Yr Regn: _____

11 Feb 2018

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

Truck / Trailer or

Make: _____

Hyundai Ix0

c.c 1685

Colour: _____

Blue

A/C Insured / Std / NI / NA

Sp. Reading _____

341133

T/Radio Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KM HCB414AE4087571

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

205 / 60 R16

R: _____

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

TOYO / YOKO or

Westlake

Front

R/Bal. _____

2 mm

Rear

R/Bal. _____

2

mm

L/Bal. _____

2 mm

L/Bal. _____

2

mm

D.O.A. _____

16/12/17

D.O.I. _____

19/12/17

Survey held at _____

CP&E (Logan)

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

N/S Body

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

AXA
45.

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: _____

1. S + RS. SI

Phone:

or Email:

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$

TOTAL

