

15/5/2010

INS. CASE OWNER:

CC 4/AXA17024360, E Wb

LKK:

IDAC:

Surveyor:

FSC

DOI:

ASSIGNMENT

28/7/10

Date / Time :

21/12/10

Registered in Merimen:

21/12/10

Pre-assign / CCU / FTE

SEV 4209T



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 21/12/10

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

SEB 7907Y →



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Man's (MPC)



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>02/08/2021</u>	<u>SEB 7907Y - X</u>	<u>SEV 4209T - X</u>
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>P/P</u>	\$ \$ <u>340.00</u>	(<u>1</u> days) Reduction: <u>24</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>02/08/2021</u>	Confirm with <u>Shi Jie</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$ \$ <u>363.80</u>			
Loss of Rental (LOR):	\$ \$ _____	(_____ days)		
Loss of Use (LOU):	\$ \$ <u>80.00</u>	(\$ <u>80</u> x <u>1</u> days)		
Loss of Income (LOI):	\$ \$ _____	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	(Tick only one)		
GIA/LTA Search	\$ \$ <u>2.00</u>			
Medical:	\$ \$ _____			1) Claim status: Normal <u>Reject Private Settlement</u>
Disbursement:	\$ \$ _____	(e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	\$ \$ _____			3) Survey fee: <u>\$350.00</u>
Total:	\$ \$ <u>445.80</u>	Global Sum \$ \$: <u>440.00</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:	
Payee 1:	\$ \$ <u>440.00</u>	Name 1: <u>Alan's United Auto Pte. Ltd.</u>		
Payee 2: (Strike if N.A.)	\$ \$ _____	Name 2:		
Payee 3: (Strike if N.A.)	\$ \$ _____	Name 3:		

ASS. REC. BY:

REF: AAA/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Star'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: 01 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: SKB 79074 Yr Regn: 03, 10

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

Truck / Trailer or _____

Make: Bmw 320i c.c. 1995

Colour: M. Blade A/C: Insured / Std / NI / NA

Sp. Reading: 175826 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA PG 56000NM 22460

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R18

R: _____

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

TOYO / YOKO or Continental

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 22/12/17

Survey held at _____

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 28/2/18

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

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

Date / Time Action / Instruction

1/3 File pass to Catherine

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

Photos _____

Others _____

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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