

INS. CASE OWNER:

TE

CC 4/AXA 170

24377, T1 uas

LKK: SMART  
IDAC: STMOOSNA

SMART  
STMOOSNA

Surveyor:

Tanfikan

DOI:

ASSIGNMENT

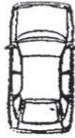
24/12/17

Date / Time:

26/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 5667959T

Claim No. : STMOOSNA

Name of Insured :

Policy No. :

Insured Tel No. : HP: 13/12/17

Make / Model :

Excess Sec II :SS D.O.A : 13/12/17

Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

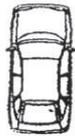
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

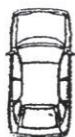
SKN 60835



INSRS: 8787  
WSP: Antromp  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC	
SKN 60835 - AA/AXA 170 23777 / 24 : 0015-13/12/17 5667959T	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b> 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: 4/1/17 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\$

**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:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

Signature: Taufik

REF: AXA

ASSIGNMENT

From: Date: 27/12/17

Estimated Cost:

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

To Inspect Vehicle No: SKN 6083S
at Workshop mis: ST P T Automotive
of: 48 Toh Guan Rd East #05-139

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

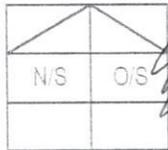
(Client's Record)

Make of Veh:

Mr. Tong @ 98779879

(Policy Condition)

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



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 'wp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKN6083S Yr Regn: 2014 June

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

Truck / Trailer or

Make: Mercedes Benz E200 cc 1991

Colour: Green A/C: Insured / Std / NI / NA

Sp. Reading: 02150 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: WDD2120342A974409

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: 245/40R18

R: 27

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. D.O.I. 27/12/17 @ 1140

Survey held at: 48 Toh Rd East.

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

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

Date / Time Action / Instruction

Date/Time File Pass to?

Form with checkboxes for Preliminary Report and Final Report.

Days Of Repair:

1) Date/Time File Return to?

Resurvey No. of Trip:

Survey Fee: Transportation:

2) Date/Time File Return to?

Add Fee section with checkboxes for Site Insp, Interview, Tech. Insp, and Weekend.

Site Insp \$, Interview \$, Tech. Insp \$, Others \$

Report Format:

Lump Sum / I.B.I. \$

TOTAL

Large empty rectangular box for additional notes or calculations.