15/5/2010

INS. CASE OWNER: Wen Cong | CC4 /AXA170 2 4534 / T/ ps3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH   DOI: 04/01/18   Date / Time : 27/12/17

Registered in Merimen: 26/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SJK 556 M   Claim No. : C0462804

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/12/17   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

SLL 3630G →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TC Auto (Ang kee)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 3630G - x		
	SJK 556(M) - CV/OCB1001816/T1KS DOA: -	Non-Reporting ltr (1st):	
	- NA/INC0902234G/P7 DOA 18/12/09	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: 03/01/18 Sent By: Shirley Aw

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$		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:	

Taufiq | REF: AXA

ASSIGNMENT

From | Date 04.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SLL 3630G

at Workshop m/s TC Autoclinic

of 25 Long Kee Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Shaun

10am - 12pm

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLL3630G Regn 2014 Sep

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

Make: Nissan Sylphy 1.6 CVT cc 1598

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

Sp.Reading: 78075 T.Radio Insured / Std / NI / NA

Eng.No:

C/No: MNTBBAB17Z0019728

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: 195/60R16

R: " "

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. 04/01/18 @ 11am

Survey held at TC Long Kee

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: ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ Technical $ ☐ Weekend $

Photos

Other

Report Format:

Lump Sum / I.B.N. $