

13/5/2010

INS. CASE OWNER: Wen Cong

CC4 / AXA170 2 4534 / T/ps3

LKK:

IDAC:

Surveyor:

TAUFIKH

DOI:

02/01/18

Date / Time:

27/12/17

Registered in Merimen:

26/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SJK 5561MClaim No. : C0462804

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

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

Place of Accident : _____

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

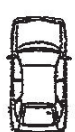
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLL 36306INSRS:
WSP: Tc Auto (Long ke)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	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: <u>02/01/18</u>	Sent By: <u>Shirley Hui</u>
FINALIZATION	Date/Time: _____	Confirm with: _____
Repair Cost:	\$ (_____ days) Reduction: _____ %	Confirm by: _____
FINAL SETTLEMENT	Date/Time: _____	Confirm with: _____
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : _____	Email _____ Call _____
Repair Cost:	\$ _____	If NO or B 28, Ass. Lia : _____
Loss of Rental (LOR):	\$ (_____ days)	
Loss of Use (LOU):	\$ (\$ x days)	
Loss of Income (LOI):	\$ (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$ _____	
Medical:	\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ _____ (e.g. Tow/Independent)	2) Report Format: _____
Legal Cost	\$ _____	3) Survey fee: _____
Total:	\$ _____ Global Sum \$ \$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____
Payee 1:	\$ _____ Name 1: _____	Email _____ Call _____
Payee 2: (Strike if N.A.)	\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	\$ _____ Name 3: _____	

Ref: Tanpin REP: AXA

ASSIGNMENT

From: _____ Date: 04.01.2018

Estimated Cost: _____

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

To inspect Vehicle No: SLL 36306

at Workshop m/s: TC Autoclinic

of: 25 Leng Kee Rd

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

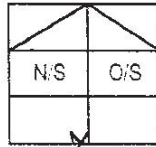
(Client's Record)

Make of Veh: Shawn

10am - 12pm

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLL 36306 Page: 2014 Sep

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

Truck / Trailer or

Make: Nissan Sylphy 1.6 CVT 1598

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

Sp. Reading: 78015 T. Radio: Insured / Std / NI / NA

Eng. No: _____

C. No: MNT BSB 1720019728

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: 1 7

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.L. 04/01/150/1445

Survey held at: TC Leng 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

Date Time File Return to: ☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

_____ \$ - R/S _____

Photo

Drawn

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Technician \$

☐ Cleaning \$

Report Format: _____

Lump Sum, I.B.R. \$

