

15/5/2010

INS. CASE OWNER:

Ernest

CC 4, ASM 1800 0164, F2400

LKK:

IDAC:

Surveyor:

Falin

DOI:

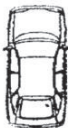
ASSIGNMENT

Date / Time :

4/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 95353

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

29/12/17

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

87M006AS / 24012

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

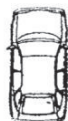
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHA 4204C



INSRS:

WSP:

Tel :

Liability :

RMKS:

WHE
W-

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 4204C - 24/12/17 10:00 AM	Non-Reporting ltr (1st):	
SHB 95353 - 29/12/17 10:00 AM	Non-Reporting ltr (2nd):	
* 8merk claim	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:	Sent By:	
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:	

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 _____

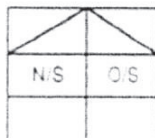
Excess _____

(Client's Record)

Make of Veh _____

(Policy Condition)

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



Est. 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

Date / Time Action / Instruction

Van No _____

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

Truck / Trailer or

Make _____

Colour _____

Sp Reading _____

Eng No _____

C No _____

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: _____

R: _____

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

TOYO / YOKO or

Front _____

R Bal _____

L Bal _____

D.O.A _____

Survey held at _____

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 File Pass to?

☐

Prefi. Report

Date/Time File Return to?

☐

Final Report

Date/Time File Return to?

1

Report Format :

Lump Sum / I.B.I. :

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee:

☐

Site Insp. \$

☐

Inter. \$

☐

Tech. \$

☐

Draw. \$

AXA
PR

