15/5/2010

INS. CASE OWNER: CC3 / AXA1800044? / Kes3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/01/18 Date / Time: 05/01/18

Registered in Merimen:

Pre-assign / CCU / FTF:

Insured Vehicle No. : SKK 6830T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 26/12/17 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

SHC 5935J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Tow-Cab Omega	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 5935J - CC3/AXA1100152552/Kes1C3k2 DOA: 22/07/11 - CC3/CTI1800043?/Kes3 DOA: 26/12/17 - CC4/AXA1502033?/H1v352 DOA: 28/11/15 - CS/FCI1602290S/Kgbk2 DOA: 30/11/16
	SKK 6830T - X

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:	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]	
TA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Reimbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Final 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:	

ASS. REC. BY: Kenneth

REF: A/A/

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s Ting Cab

of ____

Insured: ____

Policy No. ____

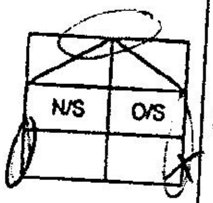
Claims No. ____

Sum Insured: ____ Excess: ____

(Client's Record)

Make of Veh: ____

(Policy Condition)



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

Bal or Market Value: ____

IDAC Accident Rport: ____ Consistent? : Yes or No

GIA / PR Seen: ____ Consistent? : Yes or No

Est. Repairs: 28 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: SHC59351J Yr Regn: 06, 15

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

Make: Renault Captur c.c 1593

Colour: 2. White / Red A/C: Insured / Std / Nil / NA

Sp.Reading — T/Radio: Insured / Std / Nil / NA

Eng/No ____

C/No: VF1ABL15AUC · 281660

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: 215/60R16

R: ____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Ling Long

Front		Rear	
R/Bal.	7 mm	R/Bal.	3 mm
L/Bal.	7 mm (Ling Long)	L/Bal	3 mm
D.O.A.	26/12/17	D.O.I.	5/1/18

Survey held at ____

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

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

Date / Time	Action / Instruction
8/1	File pass to Catherine

Date/Time, File Pass to?

1) ____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2) ____

Days Of Repair: ____

Resurvey No. of Trip: ____

Survey Fee ____

Transportation ____

___S • RS ___SI

Photos ____

Others ____

TOTAL ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ Tech Invs ($ ____)

☐ Weekend ($ ____)

Report Format :

Lump Sum / I.B.I: ($ ____