15/5/2010

INS. CASE OWNER: _Jus_ CC 4 /AXA1800 **ASM** 0957 / KU63 LKK: ___ IDAC: ___

ASSIGNMENT

Surveyor: _Kenneth_ DOI: _16/1/18_ Date / Time : _16/1/18_

Registered in Merimen: ___

Pre-assign / CCU / FTE _SKU 6099K_
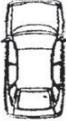
Insured Vehicle No. : ___	Claim No. : _S8MUO770 / 24599_
Name of Insured : ___	Policy No. : ___
Insured Tel No. : ___ HP: ___	Make / Model : ___
Excess Sec II :S$ ___ D.O.A : _16/02/18_	Place of Accident : ___

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

If **NO**, Driver Name / Age : ___

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

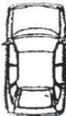Driver Tel No. : ___ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**

SLU 3030M → → →

INSRS: _Autoworx_	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMMononcm - CU/M9170/1264/AYU3 DOA. 8/0/18	Non-Reporting ltr (1st):	
	_8tu6099K-P_	Non-Reporting ltr (2nd):	
	# sharedaim	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:

ASS. REC. BY: REF: AXA 1

Kenneth

ASSIGNMENT

From: _____ Date: _____	Veh No: SLL 3030M Yr Regn: 02, 17
Estimated Cost: _____	Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
<u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u>	Truck / Trailer or _____ (A)
To Inspect Vehicle No: _____	Make: Toy Altis c.c 1598
at Workshop m/s Auto Worx	Colour M. Silve A/C: Insured / Std / NI / NA
of _____	Sp.Reading 27448 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: MRO 53 REH 1045510 98
Claims No. _____	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or _____
	Tyre Size: F: 215/45R17
(Policy Condition)	R: _____

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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI /
TOYO / YOKO or
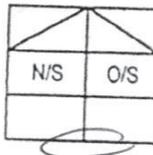
Bal. or Market Value: _____	**Front**		**Rear**
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal. 6 mm		R/Bal. 7 mm
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. 6 mm		L/Bal. 7 mm
Est. Repairs: _____ days Res.: Yes or No	D.O.A. 15/1/18		D.O.I. 16/1/18
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at _____		

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____   Vehicle: IN / OUT

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

Date / Time	Action / Instruction
17/1	File pass to Catherine

Date/Time, File Pass to?	☐ : Prell. Report	Days Of Repair: _____	Survey Fee:
1) _____	☐ : Final Report	Resurvey No. of Trip: _____	Transportation:
Date/Time, File Return to?			
2) _____	Add Fee: ☐ : Site Insp ($ _____)	_S + RS_ St	
	☐ : Interview ($ _____)	Photos	
Report Format :	☐ : Tech. Invs ($ _____)	Others	
Lump Sum / I.B.I: ($ _____)	☐ : Weekend ($ _____)		TOTAL