

15/5/2010

INS. CASE OWNER:

Stacey Ng | CC 4 / ASM1800 1160 / K ea3

LKK:

IDAC:

SMA 1

76241

Surveyor:

KSL

DOI:

ASSIGNMENT

19-01-18

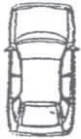
Date / Time:

18/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

SJA 18965



Insured Vehicle No.:

Name of Insured:

CHAN LAI YUNG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

17/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Ho Yun UNH, MB458A

Driver Tel No.:

90070326

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

S8M00701

G19028386

19A PICANTO

CATHOLIC TUNOR COLLEGE c/p SERVICE

KMD

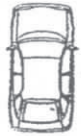
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SJA 76241M



INSRS:

WSP:

Tel:

Liability:

RMKS:

MBM



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SJA 76241M - X ; SJA 18965 - X

To interview OI, establish liability & seek approval bed settlement

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:

23/1

Sent By:

Jm

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

REF: ASM (AXA)

ASSIGNMENT

From: _____ Date: 19/01/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SLG 2621M

at Workshop m/s MBM Wheelpower

of 160 Gin Ring Dr #06-09

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Joseph

(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: 07 days Res.: Yes or No

Lum Sum: 1.131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLG 2621M Yr Regn: 06 17

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

Truck / Trailer or A)

Make: Honda Vezel cc 1496

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

Sp. Reading: 9663 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R43 1244339

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

Front	Rear
R/Bal. <u>9</u> mm	R/Bal. <u>9</u> mm
L/Bal. <u>9</u> mm	L/Bal. <u>9</u> mm
D.O.A. <u>17/1/118</u>	D.O.I. <u>19/1/118</u>

Survey held at: _____

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

O/S body & u/c

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

Date / Time	Action / Instruction
<u>22/1</u>	<u>File pass to Catherine</u>

Date/Time File Pass to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time File Return to?

2)

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Report Format :

Lump Sum / I.B.I. (\$)

) \$ - P.S. \$)

) Photos

) Others