15/5/2010	Stacey	CC 4/AXA 1800	ASM 1363, A 1663	LKK:
INS. CASE OWNER:				IDAC:

Surveyor: _Adrian_   **ASSIGNMENT**   DOI: _30/1/18_   Date / Time : _13/1/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SKP 103Y_   Claim No. : _S8M007FL/26804_

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _30/1/18_   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**

SJX 9146Y →

INSRS: _modern_	INSRS:	INSRS:	INSRS:
WSP: _Automotive_	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SJX9146Y - ✗	_SKP103Y -✗_	Non-Reporting ltr (1st):	
	✗ smart claim		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]		
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.

	N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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**

Veh No: SJX 9146 J.   Yr Regn: 2010 / July.

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

Make: Fiat Bravo   c.c 1368

Colour: White.   A/C: **Insured** / Std / NI / NA

Sp.Reading: 105820   T/Radio: **Insured** / Std / NI / NA

Eng/No:

C/No: ZFA198000042790 22

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: 205/55R16
             R: 205/55R16 .

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or   Continental.

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	30/01/18	

Survey held at   Modern

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
.	TP AXA .

Date/Time, File **Pass** to?   ☐ : **Preli. Report**

1)

Date/Time, File **Return** to?   ☐ : **Final Report**

2)

Report Format :

Lum Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)   ___S + RS.___SI
          ☐ : Interview ($)   Photos
          ☐ : Tech. Invs ($)   Others
          ☐ : Weekend ($)

Survey Fee:

Transportation:

TOTAL