15/5/2010

INS. CASE OWNER: Saw Theng | CC 4, AXA 1800 2632, 71 ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: mfa DOI: 1/2/18 Date / Time: 7/2/18

Registered in Merimen: 6/2/18 by AXA.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHB 7600 S	Claim No. :	C0470165
Name of Insured :		Policy No. :	P1680520
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$ 5,000-00	D.O.A : 8/2/18	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**

SKQ 1663 K → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Li Theng.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : (CARE)	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKQ1663K. X:
	SHB7600S - CC4/AXA1601784(?)/kha3q7 ; DOA: 18/9/16

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]**	
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:	

Surveyor Taufik REF: AXA
Mariman

ASSIGNMENT

From: Date: 12.02.2018
Estimated Cost:
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKQ 1663K
at Workshop m/s Li Sheng
of Blk K Pandan Loop #01-18
Insured:
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh: Winson - 97684247
Morning
(Policy Condition) 10.30am

N/S	O/S
	x

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: days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted: Winson.

Veh No: SKG1663R Yr Regn: 2014 Nov
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mazda 3. c.c 1998
Colour Grey. A/C Insured / Std / NI / NA
Sp.Reading 6138 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JM6BM4278F0144059
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: 215/40R18
R: 215/40R18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	12/2/18 @ 11am	

Survey held at Li Sheng
Des. of Damages: Frt / Rear / O/S / N/S / (U/C) / Rooftop or
Rear o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? [ ] : Preli. Report
1) [ ] : Final Report
Date/Time File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Survey Fee
Transportation
(__S + RS __ S)
Photos
Others
TOTAL

Add Fee: [ ] Site Insp (S
[ ] Interview (S
[ ] Tech. Invs (S
[ ] Weekend (S

Report Format :
Lump Sum / I.B.I: (S)