15/5/2010

INS. CASE OWNER: CC 4 /~~AXA~~ ASM 1800 2424 , R2jb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 22/2/18 Date / Time : 13/2/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PC3788G Claim No. : S8MOO8WA / 30561

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 9/2/18 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**

GBB7969A → → →

INSRS: Cheng	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Auto	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBB7969A - X PC3788G - X
	# smartclaim

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: Rosue | REF: ASM | 5099M

ASSIGNMENT

From: | Date: 22/2/18

Estimated Cost:

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

To Inspect Vehicle No: GBB 7969A

at Workshop/s: Chong Auto Bodyworks

or: 5 soon lee street #01-62

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record: Before 2pm

Make of Veh:

(Policy Condition)

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

Bal. or Market Value: 24K

IDAC Accident Rport: | Consistent? : Yes or No

G/A / 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 1wp?

Date: | Person Contacted: | Vehicle IN / OUT

Veh No: GBB 7969A | Yr Regn: 2010 MAR

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

Make: NISSAN CABSTAR 3.0 | cc: 2953

Colour: MULTI | A/C: Insured / Std / N / NA

Sp Reading: 172912 | T/Radio: Insured / Std / NI / NA

Eng No:

Ch No: JN1SC2F24Z0801383

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15

R: 155R13C

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

Front		Rear	
R/Bal:	7 mm	R/Bal:	6/6 mm
L/Bal:	7 mm	L/Bal:	6/6 mm
D/O/A:	09/02/18	D/O/I:	22/02/18

Survey held at: CHONG AUTO

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

FRT O/S & REAR N/S

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

Date / Time	Action / Instruction

Date/Time File Pass to?

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time File Returned?

Add Fee: Site Insp $ | Meeting $ | Tech $ | Reserve $

Report Format:

Lump Sum / LB / $

Survey Fee

Transportation

Photo

Total