| INS. CASE OWNER: | TE | | CC 4 / ASM1800 | 5034 | / | M was | IDAC: | 50647 |

ASSIGNMENT

Surveyor: RAbu	DOI: 20/2/2018	Date / Time : 13/2/18
		Registered in Merimen:

Pre-assign / CCU / FTE   570 2220

Insured Vehicle No. :		Claim No. :	58M008WX
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 10/2/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

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

Driver Tel No. :   (V/L: YES / NO)

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

Insured Liability :   %   Final ? Yes / No

SDY 9343Y →   →   →   →
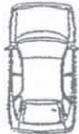
INSRS: CPL	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time				STAGE	DATE / PIC
	SDY9343Y - cc7/Alul 3011106/Tib (Eng;			Non-Reporting ltr (1st):	
	570 2220. X	DOA:18/6/13		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:		

PRELIMINARY ADVICE	Date/Time: 21/2	Sent By: Hw	Post-Repair Photos:	
			Others:	

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:		

Signer: Rasul   REP: 94360

From: _____   Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SOY 93434

at Workshop m/s   C & C

of   Pandan Crows

Insured: AXA / TP

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.

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: _____

Date / Time	Action / Instruction

Date/Time File Pass to: [ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to:

Report Format:

Lump Sum / I.B.R: $

Veh No: SOY 93434   Yr Regn: 2009 NOV

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

Make   KIA CERATO FORTE   cc 1591

Colour   BLACK   A.C   Insured / Std / NI / NA

Sp. Reading   287374   T.Radio: Insured / Std / NI / NA

Eng/No: _____

C/No   KNAFW611LA 5144826

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/45R17
             R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	10/02/18	D.O.I.	20/02/18

Survey held at   C & C (PG)

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

The UIC / Chassis frame / Body Structure affected due to collision

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] Site Insp $ _____

[ ] Survey Fee
[ ] Transportation
[ ] Photo
[ ] Others