

15/5/2010

INS. CASE OWNER:

CC 3 / AXA1800

LKK:

IDAC:

Surveyor:

kalvin

DOI:

ASSIGNMENT

4/7/18

Date / Time :

14/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 78665

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SHA 7681m

INSRS:
WSP:
Tel :
Liability :
RMKS:CME
WINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 7681m - 4

SHB 78665 - 4

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\$

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:

(08/11/13)

REF:

Surveyor: Kalvin**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 Rpt: _____ 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: SHA 7 681M Yr Regn: 17 May 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E 220 C.C. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 482495 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LDD 21200120171365Gen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: Inorder / ~~Jammed~~ / Leaked / Burnt orBrake: Inorder / ~~Jammed~~ / Leaked / Burnt orModi: Nil / S/Rim / STD / ~~SR~~ / Rim orTyre Size: F: 225 / 55 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wet Ho

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 3 mmL/Bal. 3 mm L/Bal. 3 mmD.O.A. _____ D.O.I. 14/2/18Survey held at (DHE (6072))

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

O/S wing mirror

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

Date / Time	Action / Instruction

AXA
PIP

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

Report Format: _____

TOTAL