15/5/2010

INS. CASE OWNER: CC4/AXA1800 3387 / Kub3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 20/7/18   Date / Time : 21/7/18
Registered in Merimen: 20/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5558P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/7/18	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**

SHB 7879E → ______ → ______ → ______

INSRS: Trans Cab.	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHB 7879E – C&(TP 170113447) Kubenv ... : 20/7/17
	SHC5558P – Ψ

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: 20/7/18 Sent By: [signature]

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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: REF: AXA

ASSIGNMENT

From: Date: 22/2/18

Estimated Cost:

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

To Inspect Vehicle No: SHB 7879E

at Workshop m/s: Trans-Cab

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: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / wps

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB 7879E Yr Regn: 12 12

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

Make: Chevrolet Epica cc: 1991

Colour: White / Blu A/C: Insured / Std / NI / NA

Sp.Reading: 620576 T.Radio: Insured / Std / NI / NA

Eng No:

C/No: KL1LA69RJBB 106596

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: Giti 195/65R15

Westlake

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

Front		Rear	
R.Bal	9 mm	R.Bal	4 mm
L.Bal	9 mm	L.Bal	4 mm
D.O.A	16/2/18	D.O.I	22/2/18

Survey held at:

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

O/S Frt ~~body~~ & U/C

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

Date / Time	Action / Instruction
23/2	File pass to ~~[illegible]~~ Nevita
	L/Sup @ 2850

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

[ ] Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] Storage $

[ ] Interview $

[ ] Technical $

[ ] Reserve $

Report Format:

Lump Sum / I.B