15/5/2010

INS. CASE OWNER: CC 4/AXA1800 4184 / KH63

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 5/7/18 Date / Time : 7/7/18

Registered in Merimen: 7/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 401F

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 1/07/18

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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**

SJS4707C → → →

INSRS:
WSP: Lan Hin
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJS4707C – X SHD401F – X

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:	

REF: AXA

ASSIGNMENT

From: Date: 5/3/18

Estimated Cost:

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

To Inspect Vehicle No: SLS 4207C

at Workshop m/s: Lian Her Motors

of: Blk 5038, AMK Ind. Park 2 # 01-105

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

Client's Record: 11 am

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 / PP Seen: Consistent? : Yes or No

Est. Recairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'top'

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLS4207C Reg: 09 17

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

Make: Toy CHR (A) cc: 1797

Colour: 2_Black A/C: Insured / Std / Nil / NA

Sp.Reading: 39863 T/Radio: Insured / Std / Nil / NA

Eng No:

C No: ZYX10 2068428

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R17

R:

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

Front		Rear	
R.Bal:	8 mm	R.Bal:	7 mm
L.Bal:	8 mm	L.Bal:	7 mm
D.O.A:	13/2/18	D.O.:	5/3/18

Survey held at: ✓

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

NS fdr body

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

Date	Time	Action / Instruction
6/3	PM	rang to Catherine

Date/Time File Pass to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time File Return to:

Add Fee:

Report Format:

Lump Sum / I.B. / I.

Transportation: