

INS. CASE OWNER:

CC 4/AXA1800

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

5/7/18

Date / Time:

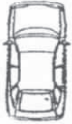
7/7/18

Registered in Merimen:

7/7/18

Pre-assign / CCU / FTE

SHD 401K



Insured Vehicle No.:

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.:

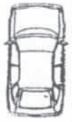
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLS4707C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Van
New

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	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:	

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 mis: Lian Her Motors

of: BIK 5038, AMK Ind. Park 2 # 01-405

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.



Bal. or Market Value: _____

IDAO Accident Report: _____ 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 ^{top}

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date Time Action / Instruction

613 PM north Corridor

Veh No: SLS 4207C Page: 09 17

Type: ☒ Car ☐ M/Cycle ☐ Bus/Van ☐ Lorry ☐ Taxi ☐ Prime Mover

Truck / Trailer or: _____

Make: Zy CHR

No: 1797

Colour: M. Black

A.C.:

Insured: Std / Nil / NA

So. Reading: 34863

T. Radio:

Insured: Std / Nil / NA

Engine No: _____

C No: ZYX10

2068428

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: In order ☒ Jammed ☐ Leaked ☐ Burnt orBrake: In order ☒ Jammed ☐ Leaked ☐ Burnt orMod: Nil / S/Rim / STD ☒ R/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.A: 5/3/18

Survey held at: _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roofed or

MS 151 body

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

Date Time File Pass to:



Preli. Report

Days Of Repair: _____

Date Time File Return to:



Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

Site ins: _____

Site ins: _____

Tech: _____

Adm: _____

Report Format: _____

Lum Sum: I.B. / N.B.

