15/5/2010

INS. CASE OWNER: CL | CC4 / Asm1800 4297, P1ua3 | LKK:
IDAC: 33359

ASSIGNMENT

Surveyor: PARIZ   DOI: 6/3/18   Date / Time : 5/3/2018

Pre-assign / CCU / FTE   Registered in Merimen: —

Insured Vehicle No. : YN9988 X   Claim No. : S8M00940

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/3/18   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**

FBJ 3203K → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: HKL	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	FBJ 3203K } NA/1M1800E090/4 ; DOA: 2/3/18
	YN9988X } -CE/AMG1101238611GPU92 : DOA: 24/6/11

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:	☐	☐

RELIMINARY ADVICE Date/Time: 7/3/18   Sent By: [signature]

NALIZATION Date/Time: Confirm with: Confirm by:

pair Cost: S$ (days) Reduction: %   Email ☐ Call ☐

NAL SETTLEMENT Date/Time: Confirm with   Email ☐ Call ☐

al Liability: %   (Agreed / Assessed) BOLA S/N No. :   If NO or B 28, Ass. Lia :

pair Cost: S$

s of Rental (LOR): S$ (days)

s of Use (LOU): S$ ($ x days)

s of Income (LOI): S$ ($ x days)

R only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

/LTA Search S$

dical: S$

bursement: S$ 1) Claim status: Normal/Reject/Private Settle

al Cost S$ (e.g. Tow/ Independent)   2) Report Format:

al: S$ **Global Sum S$:**   3) Survey fee:

AL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

e 1: S$ Name 1:

e 2: (Strike if N.A.) S$ Name 2:

e 3: (Strike if N.A.) S$ Name 3:

SAFMARC Repair | REF: AXA | 8572F

ASSIGNMENT

From _____ Date 6/3/18

Estimated Cost: _____

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

To Inspect Vehicle No: FBJ 3203K

at Workshop m/s HKL Lim

of Blk 1008 # 01-24 Bkt Merah Lane 3

Insured: _____

Policy No. _____

Claims No. _____

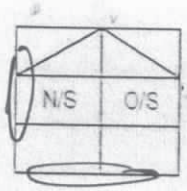
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PP Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS (up)

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBJ 3203K Yr Regn: 2014 MAR

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

Make: HONDA CB 400A cc: 399

Colour: WHITE A/C Insured / Std / Nil / NA

Sp.Reading: 54741 T/Radio Insured / Std / Nil / NA

Eng/No: _____

C/No: JH2NC42911CK400018

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: 120/60ZR17

R: 160/60ZR17

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	02/03/18	D.O.I	06/03/18

Survey held at: HKL LIM

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

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

Date / Time	Action / Instruction

Date/Time File Pass to? _____ ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to? _____

Days Of Repair: _____

Resurvey No of Trip _____

Add Fee: ☐ Site Insp. $ ☐ Other $ ☐ Tech. $ ☐ Assessment $

Survey Fee _____

Transportation _____

Parking _____

Other _____

Report Format: _____

Lump Sum / I.B.I: / $ _____