15/5/2010

INS. CASE OWNER: Staily.	CC 4/~~AXA~~ ASM 1800 6305, Fj63	LKK: IDAC:

ASSIGNMENT

Surveyor: Fenneth　　DOI: 6/7/18　　Date / Time : 6/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 8105Z		Claim No. : S8M0094U / 33395	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/7/18	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**

SGQ4446T → ______ → ______ → ______

INSRS: WSP: City Tel : Auto Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SGQ4446T-X　　GBF 8105Z-X
	* Smartclaim

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:	

Surveyor | REF: AxA

ASSIGNMENT

From: Date: 6/3/18

Estimated Cost:

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

To Inspect Vehicle No: SGQ 4546T

at Workshop m/s City Auto

of Blk 160, Sin Ming Drive #05-01

Insured:

Policy No:

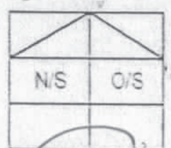
Claims No:

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 / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

01/27

CA / REV / REP. / 24 HRS 'wps

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGQ 4546T Yr Regn 01 07

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

Make: Toy Altis (A) c.c. 1598

Colour: M. Green A/C Insured / Std / NI / NA

Sp.Reading: 136414 T.Radio Insured / Std / NI / NA

Eng/No:

C/No: MR053ZEC107139239

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: F: 185/70R14

R: ——

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

Front			Rear		
R/Bal.	9	mm	R/Bal.	9	mm
L/Bal.	9	mm	L/Bal.	9	mm
D.O.A	3/3/18		D.O.I	6/3/18	

Survey held at: ✓

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
7/3	File pass to Corkwine

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: Site Insp $

Interview $

Tech $

Weekend $

Photo

Other

Report Format:

Lump Sum / I.B.I: $