

INS. CASE OWNER:

Ernest

CC 4 / AXA1800

4423, 12/11/18

LKK:

IDAC:

Surveyor:

CanAtkh

DOI:

ASSIGNMENT

09/02/18

Date / Time :

7/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLU 299TH

Claim No. :

SKM00A58 | 33803

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

09/02/18

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

SKF 1089B


 INSRs:
WSP:
Tel :
Liability :
RMKS:

performance


 INSRs:
WSP:
Tel :
Liability :
RMKS:

 INSRs:
WSP:
Tel :
Liability :
RMKS:

 INSRs:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKF 1089B-X	Non-Reporting ltr (1st):	
SLU 299TH-X	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:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

10/11/17
Surya

Tanpin

REF:

AVCA

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKF 1089B Yr Regn: 2012 April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 116I C/C: 1598
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 69385 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WB A1A 120005200100
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRM / STD A/Rim or
 Tyre Size: F: 205/50R17
 R: _____
ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 09/3/18
 Survey held at PM L
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s rear
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
 Date/Time. File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair:

Resurvey No. of Trip: _____

Survey Fee

Transportation

1) \$ + RS \$

Photos

Others

TOTAL

Add Fee:

☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Invs (\$ _____)
☐ Weekend (\$ _____)
