15/5/2010

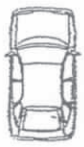
INS. CASE OWNER: TE | CC 4, AXA 1800 4479, D W03 | LKK: IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 8/3/18 Date / Time : 7/3/2018

Registered in Merimen: 5/3/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 144 C

Name of Insured : TRANS-CAB SERVICES P/L

Insured Tel No. : HP:

Excess Sec II :S$ 5,000.00 D.O.A : 25/2/18

Is driver the owner? (YES / NO)

Claim No. : C0471913

Policy No. : P1180520

Make / Model :

Place of Accident :

Nature of Accident :

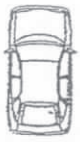
If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

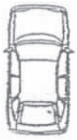
Insured Liability : % **Final ? Yes / No**

SLC 4931D → ____ → ____ → ____

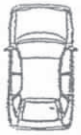


INSRS:
WSP: CT Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLC4931D - X ; SHD 144 C - 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: 12/3	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: Bryan REP: AXA

ASSIGNMENT

From: Date: 8/3/2018

Estimated Cost:

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

To Inspect Vehicle No: SLC 4931D

at Workshop m/s: CT Auto

at: 160 Sin Ming Drive #02-14

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.

N/S	O/S

Sal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % S Val.: Yes or No

CA / REV / REP. / 24 HRS lwp

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLC4931D Yr Regn:

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

Make: Volkswagen Passat

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

Sp Reading: 142962 T Radio: Insured / Std / Nil / NA

Eng No:

Ch No: WUWZZZ3C89P068202

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R16

R: 1'

BS / 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:	08-03-18	

Survey held at: w/s 2pm ~~3pm~~

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:

Survey Fee:

Transportation:

Add Fee:

Report Format:

Lump Sum / Breakdown