

15/9/2010

INS. CASE OWNER:

ErnestCCP / RA8004933 / js3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

14/03/13

Registered in Merimen:

15/03/13

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 7940K

Claim No.:

C0492433

Name of Insured:

Trans-Cab Services Pte Ltd

Policy No.:

P1680520

Insured Tel No.:

HP:

Make / Model:

Chevrolet Epica - 2.0 (47)

Excess Sec II :S\$

D.O.A.:

22/02/13

Place of Accident:

Geylang Road

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: Edmund Teh Chai KeatOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No.: 9630 8383(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

YP 40965

INSRS:

WSP: City Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
YP 40965 - X	Non-Reporting ltr (1st):	
SHB 7540K7 - CC3/CAI13009725/Ktdl DOA: 03/05/13	Non-Reporting ltr (2nd):	
- CC4/ATG08031983/UC21 DOA: 05/08/08	Non-Reporting ltr (Final):	
- CC4/AXA17015042/R1K43 DOA: 28/02/17	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:	
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	
Sent By:	Others:	
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 + LO ☐ [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:	

REF: AXA

Insurance

ASSIGNMENT

From:

Date:

19-03-2018

Estimated Cost:

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

To Inspect Vehicle No:

YP 4096S

at Workshop m/s

City Auto

of

160 Sin Ming Drive

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

YP 4096S

Yr Regn.

09 16

Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Iruu

NPR 75

C.C

5193

Colour

Blue

A/C.

Insured / Std / NI / NA

Sp. Reading

58804

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JAA NPR 75H67103061

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

215/75R17 (D)

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.

22/2/18

D.O.I.

19/3/18

Survey held at

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

cls body

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

Date / Time Action / Instruction

20/3

19h 19.51 to Carhome

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1) S + P5 SI

2) Photos

3) Others

4)

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$