| 15/5/2010 | trnest | CC 4/AXA1800 | 5085 | A Elos | IDAC: | |
|---|---|--------------------------|---|--|---|--|
| INS. CASE OWNER | h ./ | ASSIGN | MENT / | 1. (w . | 2 | |
| Surveyor: | urveyor: DOI: Date / Time : [M] 7 8 | | | | 10/2/18 | |
| Pre-assign / CCU | / FTE | | | Registered in Merin | , | |
| Insured Vehicle No | FBH (| 9377m. | Claim No. | Semous | 20 34467 | |
| Name of Insured | 1 | | Policy No. | | | |
| Insured Tel No. | | HP: / 1 / | Make / Mode | | | |
| Excess Sec II :S\$ | * | D.O.A: 18718 | Place of Acci | | | |
| Is driver the owner | ? (YES / NO) | Nature of Accident : | The of The | | | |
| | | Nature of Accident . | OLCIA DED | OPT: VES / NO · TD | GIA PEPORT: VES / NO | |
| If NO, Driver Nan Driver Tel N | | (V/L: YES / NO) | | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability : % Final ? Yes / No | | |
| SKP 76 | 56y | | | | → | |
| INSRS: WSP: Tel: Liability: RMKS: | INSRS: WSP: Tel: Liabilit RMKS: | y: | INSRS: WSP: Tel: Liability: RMKS: | | INSRS: WSP: Tel: Liability: RMKS: | |
| Date/ Time | | | | | | |
| | SEP76564-4 | FBHOGAT | m ~ | STAGE | DATE / PIC | |
| | | | | Non-Reporting ltr (1st): Non-Reporting ltr (2nd): | | |
| | of smootdain | | | Non-Reporting ltr (F | Non-Reporting ltr (Final): | |
| | | | | Notification ltr (if non-pickup): Call OI: | | |
| | | | | After call ltr to OI: | | |
| | | | | Documentation Che | eck List: Handler Typist | |
| | | | | Notification ltr (if no | n-pickup) | |
| | 0 | | | 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 Ins | struction: | |
| | | | | Payment Breakdov | vn Form: | |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | Post-Repair Photos | | |
| | | | | Others: | | |
| FINALIZATION | Date/Time: | Confirm with: | | Confirm by: | | |
| Repair Cost: | S\$ (| days) Reduction: | % | | Email Call | |
| FINAL SETTLEMENT | Date/Time: | Confirm with | | Email Call | Tio | |
| Final Liability: Repair Cost: | % (Agreed / S\$ | Assessed) BOLA S/N No. : | | If NO or B 28, Ass | . Lia : | |
| Loss of Rental (LOR): | S\$ (| days) | | | | |
| Loss of Use (LOU): | S\$ (\$ x | days) | | | | |
| Loss of Income (LOI): | S\$ (\$ x | days) | | | | |
| LOR only LOU only | | OR + LOI [Tick only on | e] | | | |
| GIA/LTA Search | S\$ | | | 1) Claim status N | nemal/Paiaat/Private Cattle | |
| Medical: Disbursement: | S\$ S\$ | (e.g. Tow/ Independent | ent) | Claim status: No Report Format: | ormal/Reject/Private Settle | |
| Legal Cost | SS | (e.g. 10w/ independ | one) | 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: | | | | |

Payee 3: (Strike if N.A.)

S\$

ASSIGNMENT

| From: Date: | Veh No: SKP7656Y. Yr Regn: 2014, OCT |
|---|---|
| Estimated Cost: | Type: M.Cal / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehicle No: | Make: Kia Forte 1c3 c.c 1591 |
| at Workshop m/s | Colour While . A/C: Insured / Std / NI / NA |
| of | Sp.Reading 6740 T/Radio: Insured / Std / NI / NA |
| Insured: | Eng/No: |
| Policy No. | C/No: KNAFZ41MF5339204. |
| Claims No. | Gen. Cond: Good Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder/ Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Ingree'r / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil /S/Rim / STD A/Rim or |
| P | Tyre Size: F: 205/55R16- |
| (Policy Condition) | R: 205/55R16 |
| Remark: The veh had commenced its N/S O/S | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO/YOKO or Hankook. |
| Bal. or Market Value: | <u>Front</u> <u>Rear</u> |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. 06 mm R/Bal. 06 mm |
| GIA / PR Seen: Consistent? : Yes or No | L/Bal. 06 mm L/Bal. 06 mm |
| Est. Repairs: days Res.: Yes or No | D.O.A. D.O.I. 20/03/18 |
| Lum Stim: % 3 Val.: Yes or No | Survey held at L.C. |
| CA I DEV I DED I 24 UDS | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS Vehicle: IN / OUT | |
| Date:Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | |
| TPAXA. | |
| | |
| | |
| | |
| | |
| | |
| | |
| Date/Time, File Pass to? : Preli. Report | Days Of Repair: |
| 1) : Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation: |
| 2) Add Fee | |
| | : Interview (\$) Photos |
| Report Format : | : Tech. Invs (\$) Others |
| Lump Sum / I.B.I: (\$ | :Weekend (\$) |
| | TOTAL |