CC ~~AXA~~ AXA 1800 **609?, E7h63**   LKK: IDAC:

INS. CASE OWNER:

Surveyor: _Kalvin_   DOI: _7/4/18_   **ASSIGNMENT**   Date / Time : _3/4/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGE 80?6H**   Claim No. : **88m00ch7/37797**

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _M/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**

SHA 7776p →

INSRS:	LObE	INSRS:		INSRS:		INSRS:	
WSP:	Ly.	WSP:		WSP:		WSP:	
Tel :		Tel :		Tel :		Tel :	
Liability :		Liability :		Liability :		Liability :	
RMKS:		RMKS:		RMKS:		RMKS:	

Date/ Time				STAGE	DATE / PIC
	SHA7776p - x	SGE 80?6H - ?		Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
	* Cmovtclaim			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: Kalvin

REF:

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.

	N/S	O/S

Bal. or Market Value:

IDAC Accident Report: 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHA 7736P**   Yr Regn: 26 Mar, 2015

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

Make: Hyundai Z40   c.c 1685

Colour: Blue   A/C: Insured / Std / NI / NA

Sp.Reading: 380786   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB414MF4065951

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: 205/60 R16
              R: ''

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

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 29/3/18		D.O.I. 3/4/18	
Survey held at		CP4E (6year)	

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

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

AxA
4/5

Date / Time	Action / Instruction

Date/Time, File Pass to?   ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($)
          ☐ : Interview ($)
          ☐ : Tech. Invs ($)
          ☐ : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS,___SI	
Photos	
Others	
TOTAL	

am: ARC Repair TP(CLSO)1   **JOB CARD** Sales Order: JC NO 305137066

OMER		REGN NO.: SHA7736P	MILEAGE
S COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL E..........1/2..........F
OMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	DATE/TIME IN 31.03.2018 09:50
(R) 65508755 (O) (P)		YR OF MANU 26.03.2015	TARGET DATE
DUNT CARD NO.		CHASSIS CODE KMHLB41UMFU065951	COMPLETION DATE/TIME:

JOB DESCRIPTION

:cident Date: 29.03.2018
ATURE: 3P 29.03.18

'NO   LABOR CODE   DESCRIPTION

KED & PASSED OUT BY: _____

_____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

edgement Slip   Exit Pass

No.: SHA7736P   JU AXA   Vehicle No.: SHA7736P

f Service Advisor   Signature/Date   Name of Service Advisor   Date

turned to Service Reception upon collection   To be kept by Security Guard