15/5/2010

INS. CASE OWNER: Frenchman CC 4 /AXA1800 7799, Ael3

LKK:
IDAC:

Surveyor: Adrian

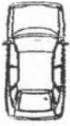**ASSIGNMENT**

DOI: 16/4/18   Date / Time: 19/4/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

GU 5566H

Insured Vehicle No. : _____

Name of Insured : _____

Insured Tel No. : _____   HP: _____

Excess Sec II :S$ _____   D.O.A : 17/4/18

Is driver the owner?   (YES / NO)   Nature of Accident : _____

If **NO**, Driver Name / Age : _____

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

GBBI617E

Claim No. : SBMOUEEZ/40663

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

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

INSRS:	INSRS:	INSRS:	INSRS:
WSP: junart	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

GBBI617E-4   GU 5566H-8

small claim.

Date/ Time			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:		

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 [ ]	
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:		

(98/11/13)

REF: ASM (AXA)

Surveyor:
- Smart claim

ASSIGNMENT

From:	Date: 19042018	

Estimated Cost:

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

To Inspect Vehicle No: 8 GBB 1617E

at Workshop m/s J-Mart

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 Rport: 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: GBB1617E.   Yr Regn: 2008 / August.

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

Make: Toyota Hiace   c.c 2494.

Colour: Grey.   A/C: Insured / Std / NI / NA

Sp.Reading 395632   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH2000081429

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: 195R15C.

    R: 195R15C

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

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A.		D.O.I. 19/04/18.	

Survey held at J-Mart.

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
	TP AXA .
	MV : 1.5K.
	PV : 500
	Nett : 1+K .

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