

15/5/2010

INS. CASE OWNER:

Ernest

CC of Asm AXA 1800 9603, Kmb3

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

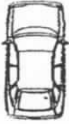
11/4/08

Date / Time:

11/4/08

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLR 157AD

Claim No. :

S8mou 8p3 / 4687

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

11/4/08

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

SBV 8887E



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Lim Tan



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SBV 8887E - 4		
	SLR 157AD - 4		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	( days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [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:
<b>Total:</b>	<b>\$S</b>	<b>Global Sum \$S:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S	Name 1:	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	

ASS. REC. BY:

REF: AAA

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Lim Tan

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: \$26k

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SBV 8887R Yr Regn: 08, 09

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

Truck / Traller or \_\_\_\_\_

Make: Toy Carry G c.c. 2362

Colour: M-Black A/C: Insured / Std / NI / NA

Sp. Reading: 120625 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ACV40 . 3189250

Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: \_\_\_\_\_

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 19/4/18

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 24/4/18

Survey held at \_\_\_\_\_

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

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

Date / Time	Action / Instruction
<u>25/4</u>	<u>File pass to Customer</u>

Date/Time, File Pass to?  : Prell. Report  : Final Report

1) Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_ Resurvey No. of Trlp: \_\_\_\_\_

- Add Fee:  : Site Insp (\$ )  : Interview (\$ )  : Tech Invs (\$ )  : Weekend (\$ )

Survey Fee:	_____
Transportation:	_____
\$ + RS. \$	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format : \_\_\_\_\_ Lump Sum / I.B.I.: (\$ \_\_\_\_\_)