

INS. CASE OWNER:

Stacey

CC 4 / ASM 180 10000 / 71 pa3

LKK:

IDAC:

48472

Surveyor:

MTH

DOI:

ASSIGNMENT

16/2018

Date / Time:

30/05/2018

Registered in Merimen:

Pre-assign / CCU / FTE

GX190A



Insured Vehicle No. :

Claim No. :

S8m001XD

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 30/05/2018

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

SMB 3042U



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lower Transit



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMB 3042U. X;

GX190A - CC4/ASM 180 7286 / 71 pa3 ; D.O.A : 30/05/18

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:

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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

Tanphun

REF:

AXA

ASSIGNMENT

From:

Date:

01/06/18

Estimated Cost:

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

To Inspect Vehicle No:

SMB 30424

at Workshop m/s

Tower Transit

of

21 Bulim 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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 ^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMB 30424

Yr Regn:

/

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

Truck / Trailer or

Make:

MAN

C.C

Colour

Green

A/C:

Insured / Std / NI / NA

Sp.Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WM9A2222807001750

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:

275/70R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

1/6/18

Survey held at

Tower transit.

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

Frt N/S.

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

Date / Time

Action / Instruction

No Key.

w/s will email GIA & estimate.

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) \$ + RS. \$ SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL