15/5/2010

INS. CASE OWNER: Vale | CC 4, Asm 180 10180, K 2203 | LKK: 49723 IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 5/6/18 Date / Time : 4/6/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 1157 Z		Claim No. : S8M00J0K	
Name of Insured : KAREN DEANNE WAN 7I QI		Policy No. :	
Insured Tel No. :	HP:	Make / Model : T. Wish.	Gx
Excess Sec II :S$	D.O.A : 2/6/18	Place of Accident : TOA Payoh.	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : TAN MIN HER		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. : 93673312	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLV 2518C → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Vin's motor.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLV 2518C - X; SLV 1157 Z - X

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: 7/6 Sent By: [signature]

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:	

REF: ASM(AXA) 10/80/Kea3 - 1.

ASSIGNMENT

From:
Date: 05062018
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLV 2518C
at Workshop m/s Vin's
of Blk 160 Sin Ming Drive #03-13
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: 83k
IDAC Accident Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 10 days Res.: Yes or No
Lum Sum: 13.1 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SLV 2518C Yr Regn: 12 / 17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon
Make: Honda Shuttle C.C 1496
Colour: M-Black A/C: Insured / Std / NI / NA
Sp.Reading: 9151 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: GK8 - 1200489
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: 185/60R15
R: ——
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	2/6/18	D.O.I.	5/6/18

Survey held at ✓
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
6/6	File pass to Cashier

Date/Time. File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time. File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

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

Survey Fee:
Transportation:
S + RS SI
Photos
Others
TOTAL

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