

INS. CASE OWNER:

CL

CC 4, Asm 180 10942, K pas

LKK:

IDAC:

51683

Surveyor:

Kenneth

DOI:

ASSIGNMENT

14/6/18

Date / Time:

13/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SBM 3818 X

Name of Insured:

TAN HAN POH

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

12/06/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Heng Kwee Lee

Driver Tel No.:

91462639

(V/L: YES / NO)

Claim No.:

SBM 3818 X

Policy No.:

LA 0789233

Make / Model:

7. Estima.

Place of Accident:

Durian Rd

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

Insured Liability:

%

Final ? Yes / No

SLK9078L



INSRS:

WSP:

Tel:

Liability:

RMKS:

LA Auto



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLK9078L - X; SBM 3818 X - X

- Took video & photo w/ OI before settlement.

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:

20/6

Sent By:

Heng

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:

Girvan

REF: AXA

10942/1p.

ASSIGNMENT

From:

Date: 14/06/2018

Estimated Cost:

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

To Inspect Vehicle No: SLK 9028L

at Workshop m/s LA Auto

of BIK 10, AMK Ind. Park 2A #04-03

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

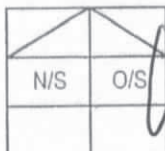
(Client's Record)

After 1:30pm

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 886k

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:

Date / Time Action / Instruction

18/6 R/L pass to Catherine

Veh No:

SLK 9028L

Yr Regn:

02, 17

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

Truck / Trailer or

Make:

Toyota Altis

C.C.

1598

Colour:

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

137608

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR053REH104551650

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

215/45R17

R:

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

TOYO / YOKO or

Kumho

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

12/6/18

D.O.I.

14/6/18

Survey held at

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

O/S body

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

Date/Time. File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$