15/5/2010

INS. CASE OWNER: Jus TAN | CC4, AXA 180 13050, Kljs3

LKK:

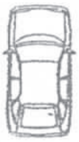
IDAC:

ASSIGNMENT

Surveyor: Andk DOI: 18/X/18 Date / Time: 18/X/2018

Registered in Merimen: 16/X/2018

Pre-assign / CCU / FTE



Insured Vehicle No.: SHD9139J Claim No.: C0474101 Gx

Name of Insured: Trans Cab Services P/L Policy No.: P1680520

Insured Tel No.: HP: Make / Model:

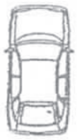
Excess Sec II :S$ 5,000.00 D.O.A: 14/X/2018 Place of Accident:

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

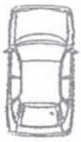
If **NO**, Driver Name / Age: OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.: (V/L: YES / NO) Insured Liability: % **Final ? Yes / No**

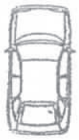
SHD 1876S → ________ → ________ → ________



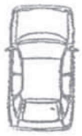
INSRS:
WSP: Merimen
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SHD 1876S. CC3/CA1160108381/14hg3n2 ; DOA: 10/1/16
	-CC1/FC1160137641/14g6c2 ; DOA: 20/3/16
	SHD9139J- CC3/FC1180133741/Kubn2 ; DOA: 27/4/15

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: 19/X Sent By: Andk (vtags only?)

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:	

(Old Ref) Surveyor Kalvin | REF: ASM(AXA)

ASSIGNMENT

From: | Date: 18072018

Estimated Cost:

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

To Inspect Vehicle No: SHD 1876S

at Workshop m/s Premier

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: SHD 1876S | Yr Regn: 23 Dec / 2014

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

Make: KIA optima | c.c 1685

Colour silver | A/C: Insured / Std / NI / NA

Sp.Reading 358294 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAHM414MF556650

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: 205/65R16

R: "

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	14/7/18	D.O.I.	18/7/18

Survey held at Premier

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

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

Date / Time	Action / Instruction

4/2

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

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	