

15/5/2010

INS. CASE OWNER:

Ernest

CC4 / AXA1801

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

18/5/18

Date / Time :

16/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGV 8226P

Claim No. :

S8M00PK / 60013

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

18/5/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SH 6474A

SGV 8226P

SGV 1113L



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP:

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGV 1113L-4

SGV 8226P - 18/5/18 13:33 / Ernest

#Gmurtclaim

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:

\$

(

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:

\$

Loss of Rental (LOR):

\$

(

days)

Loss of Use (LOU):

\$

(S

x

days)

Loss of Income (LOI):

\$

(S

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

Name 1:

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: Date: 27/7/2018

Estimated Cost:

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

To Inspect Vehicle No: SCT 1113L

at Workshop m/s Autolution

of 19 Ubi Rd 4

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Elmer

10-30am - 11am

(Policy Condition)

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

Bal. or Market Value: 85k

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

LTAS-1586

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: 54Y1113L Yr Regn: 6/17

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

Truck / Trailer or CA /

Make: Nissan Desha; c.c. 1197

Colour: white W/C: Insured / Std / NI / NA

Sp. Reading: 12705 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SYNFEAJ 11-41959270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 17/7/18

D.O.I. 27/7/18

Survey held at

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

Acc

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

TOTAL

Report Format :

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