15/5/2010

INS. CASE OWNER: Winnie | CC4 Asm /~~AXA~~1801 3905, A... s3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 21/7/18 Date / Time: P 21/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLW 3348P Claim No. : S8M00QFH / 60702

Name of Insured : BISWAS ABHIJIT Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : ~~28/7/18~~ 28/7/18 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**

SLU 2877X → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: SK	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLU 2877X - 4 SLW 3348P - 4
6/8/18 Winnie	
	# 9mavel/aim
	- DINR ISENT OUT 1ST LETTER.
7.8.18	AXA INFORM NON REPORTING.
	INSURED REPORTED.
	FILE REVIEW: LIABILITY UNCLEAR.
16.10.18	EMAIL WSP TO REQUEST FOR EVIDENCE.
8/3/2020	- TP ✓ video.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	02/08/18
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: US	S$ 4000.00 (4 days)	Reduction: 78 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 9/9/2020	Confirm with Huey Lee	Email ~~☐~~ Call ☐
Final Liability:	% ~~50~~ 100	(Agreed / Assessed) BOLA S/N No. : ~~NIL~~ 15.	If NO or B 28, Ass. Lia :
Repair Cost: W/GM	S$ 3638.00	CONFLICTING VERSION.	
Loss of Rental (LOR):	S$ 400.00 (4 days) X 100		
Loss of Use (LOU):	S$ – (S x days)		
Loss of Income (LOI):	S$ (S x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	**[Tick only one]**	
GIA/LTA Search	S$ 2.00		
Medical:	S$ –		1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee: $350.00
Total:	**S$** 4040.00	**Global Sum S$:** 4000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ~~☐~~ Call ☐
Payee 1:	S$ 4000.00	Name 1: SC Automobile Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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: 90K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLU2877X Yr Regn: 2017 / Nov

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

Make: Honda HRV c.c 1496.

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 8055 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRU18306X203402

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: 215/60R16.

R: 215/60R16.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	31/07/18

Survey held at S.K.

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
	TP AXA.
	US$ 4000.00 CRed# 14060.06/784/1.
	MV: 90K
	PV: 41.4K
	Nett: 48.6K.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	