

lcc

CC 4 / ASM 180 14438, 71 has

62105

Surveyor:

MTH

DOI:

ASSIGNMENT

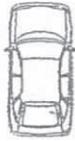
20/8/2018

Date / Time:

7/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 8919 A

Claim No. : S8m 05 RA3

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 4/8/2018

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

SFC 9555 U



INSRS: WSP: Tel: Liability: RMKS:



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Date/ Time	STAGE	DATE / PIC
SFC 9555 U - x	Non-Reporting ltr (1st):	
SKH 8919 A - x	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: [Signature] Sent By: nls

FINALIZATION Date/Time: Confirm with: Confirm by: Email Call

Repair Cost: S\$ (days) Reduction: %

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\$

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:

Tauplin

REF:

AXA

WDD246

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: _____

Veh No: SFC95554 Yr Regn: 2016 Feb.
 Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz B180 cc: 1595
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 45157 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD24624225371650
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modf: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/57R14
 R: _____

N/S	O/S

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

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

Bal. or Market Value: \$100k.
 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

Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm
 D.O.A. _____ D.O.I. 20/8/1801620

CA / REV / REP. / 24 HRS

Survey held at C&L Pander Loop

Date: _____ Person Contacted: Alan

Vehicle: IN / OUT

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

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

Report Format:

Lump Sum / L.B.U.S.

Interview (\$

Test Drive (\$

Workshop (\$

1) S&P (\$

1) Hours

1) Other

Total
