15/5/2010

INS. CASE OWNER: Vall   CC 4 /AXA1801 ᴴˢᵐ 4758 , Awb3   LKK:
IDAC:

Surveyor: Adrian   **ASSIGNMENT**   DOI: 17|8|18   Date / Time : 17|8|18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SMC 1127S.   Claim No. : S8M00R00|62969

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 8|8|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**

GBD 9049G ———→   ———→   ———→   ———→

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Mb	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Solution	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	GBD9049G-4		Non-Reporting ltr (1st):	
	SMC 1127S-4		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	⚡ Gmnrt claim.		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: 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$ (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$	
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:	

ASSIGNMENT

From: Date:	**Veh No:** GBD9049G , **Yr Regn:** 2015/June
Estimated Cost:	**Type:** M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	**Make:** Nissan NV350 c.c 2488
at Workshop m/s	**Colour** Silver. **A/C:** Insured / Std / NI / NA
of	**Sp.Reading** 64966. **T/Radio:** Insured / Std / NI / NA
Insured:	**Eng/No:**
Policy No.	**C/No:** JN1MC2E26Z0004610 .
Claims No.	**Gen. Cond:** (Good) / Fair / Poor / Burnt
Sum Insured: Excess:	**Steering:** (order) / Jammed / Leaked / Burnt or
(Client's Record)	**Brake:** (order) / Jammed / Leaked / Burnt or
Make of Veh:	**Modi :** (Nil) / S/Rim / STD A/Rim or
	Tyre Size: F: 195R15
(Policy Condition)	R: 195R15 .

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

	N/S	O/S

(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.	13/08/18 .	

Bal. or Market Value:	Survey held at MG Solution.
IDAC Accident Rport: Consistent? : **Yes** or **No**	
GIA / PR Seen: Consistent? : **Yes** or **No**	Des. of Damages : Frt / (Rear) / O/S / N/S / U/C / Rooftop or
Est. Repairs: days Res.: **Yes** or **No**	
Lum Sum: % 3 Val.: **Yes** or **No**	

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

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

Date: Person Contacted:

Date / Time	Action / Instruction
	TP AXA .
	MV : 50k .
	PV : 35.7k
	Nett : 14.3k .

Date/Time, File **Pass** to? ☐ : **Preli. Report**	**Days Of Repair:**	
1) ☐ : **Final Report**	**Resurvey No. of Trip:**	Survey Fee:
Date/Time, File **Return** to?		Transportation:
2)	**Add Fee:** ☐ : Site Insp ($) S + RS, SI	
	☐ : Interview ($) Photos	
Report Format :	☐ : Tech. Invs ($) Others	
Lump Sum / I.B.I: ($)	☐ : Weekend ($)	
		TOTAL