

INS. CASE OWNER:

KC

CC 4, Asm 180 14866, 71 pa3

LKK:

IDAC:

63283

Surveyor:

WMA

DOI:

ASSIGNMENT

15/8/18

Date / Time:

14/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

FBL 8917R



Insured Vehicle No.:

Claim No.:

58m 002UH 6r

Name of Insured:

MO. HANIFAH B. KAMARUDDIN

Policy No.:

PIA3 X206

Insured Tel No.:

HP:

Make / Model:

Honda VFR

Excess Sec II :S\$

D.O.A: 11/8/18

Place of Accident:

PIE

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

SLV 6878L



INSRS:

WSP:

Tel:

Liability:

RMKS:

ban cham
moan.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 6878L - X; FBL 8917R - X	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: S\$		(days) Reduction: %	
FINAL SETTLEMENT Date/Time:		Confirm by:	
Final Liability: %		(Agreed / Assessed) BOLA S/N No. ;	
Repair Cost: S\$		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Loss of Rental (LOR): S\$		(days)	
Loss of Use (LOU): S\$		(\$ x days)	
Loss of Income (LOI): S\$		(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>		[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:	
Payee 1: S\$		Name 1:	
Payee 2: (Strike if N.A.) S\$		Name 2:	
Payee 3: (Strike if N.A.) S\$		Name 3:	

Surveillance

Dupps

REF: ASM(AXA)

ASSIGNMENT

From: _____ Date: **15082018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SLV 6878L**

at Workshop m/s **Ban Choon**

of **Blk 3 Pioneer Rd North #01-14**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10am - 3pm

(Policy Condition)

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

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT
Perlin

Veh No: **SLV 6878L** Yr Regn: **2018 / Jan.**

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

Truck / Trailer or _____

Make: **Konda shuttle** C.C. **1496**

Colour **Blue** A/C: Insured / Std / NI / NA

Sp. Reading **14216** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GK 81200588**

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 **195/5R14**

Tyre Size: F: _____ R: _____

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

TOYO / YOKO or _____

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. _____ mm
D.O.A. _____	D.O.I. 15/8/18 01/30

Survey held at **Ban Choon**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or **Int 0/3**

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

Date / Time	Action / Instruction
	* To check liability & inform workshop

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

_____ \$ + RS _____ \$

) Photos

) Others

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

TOTAL