INS. CASE OWNER:	CC 3/Asm 180 15089 Kha3	LKK:
		IDAC:

Surveyor: **Kenneth** DOI: **6/8/2018** Date / Time: **6/8/2018**

ASSIGNMENT

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **PC 997 T** Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A **7/8/2018** 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

SHC5042D

| | INSRS: WSP: Tel : **Trans Cab** Liability : RMKS: | | INSRS: WSP: Tel : Liability : RMKS: | | INSRS: WSP: Tel : Liability : RMKS: | | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time

Handwritten notes:
SHC5042D - CC2/CT11 600 746 1/Kha2n2; DOA 4/2/16
- CS/EQ11 600 CT06/Kha2q2; DOA 16/3/16
PC997T - CS/HOV 700 411 9/Khan2; DOA 18/1/7
- CUb/MG1 600 5 2b2/CHJ752; DOA Kh/16
- CCb/EQ11 600 67q2/CCU/49b2; DOA 10/8/18

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:	L/S	S$ 3300.00	(2 days) Reduction: 78,489.92 % 79	Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/10/2020 Confirm with: WAI YIN Email ✓ Call ☐

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 9E	If NO or B 28, Ass. Lia :
Repair Cost: 3531.00	S$ 1765.50	(W/GST)	
Loss of Rental (LOR) 507.30	S$ 253.65	(5 days) x $101.46	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI): 250	S$ 125.00	($ 50 x 5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓	[Tick only one]	
GIA/LTA Search	S$ 7.49		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	(AXA'S INSTRUCTION)	3) Survey fee: $350.00
Total:	S$ 2151.64	Global Sum S$: 3500.00	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Call ☐

Payee 1:	S$ 3500.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY:		REF: A2A

Kenneth

ASSIGNMENT

Left side	Right side

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Trans Cab

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.

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 5642D   Yr Regn: 11 14

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

Make: Renault Latitude   c.c 1.995

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

Sp.Reading 560753   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 280338

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	5 mm
D.O.A.	2/8/18	D.O.I.	6/8/18

Survey held at _____

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

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

Date / Time	Action / Instruction
7/8	File pass to Catherine

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: ($

[ ] : Prell. Report
[ ] : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____)
[ ] : Interview ($ _____)
[ ] : Tech Invs ($ _____)
[ ] : Weekend ($ _____)

Survey Fee: _____
Transportation: _____
_S + RS.__SI
Photos
Others

TOTAL _____