INS. CASE OWNER: CL | CC 4, ASM 18d5226 , Ajaz | LKK: | IDAC: 64470

Surveyor: AWL   DOI: 21/8/2018   **ASSIGNMENT**   Date / Time: 22/8/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SKC 4538 T   Claim No. : S8M00SS1

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A.: 19/8/2018   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

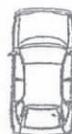Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____%   Final ? Yes / No

SHC6770K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Premier	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC6770K - NJ/IML1800373311Webn2; DOA 21/2/18	Non-Reporting ltr (1st):	
	- CS/msh1800109/Ged3n2;DOA:13/1/18	Non-Reporting ltr (2nd):	
	CCJ/CTI1701696011Aha3n2; DOA 24/8/18	Non-Reporting ltr (Final):	
	- CU3/msh1602388/H1bn2;DOA:9/2/18	Notification ltr (if non-pickup):	
	- CU4/AXA1601330011Hea3n2;DOA:16/8/18	Call OI:	
		After call ltr to OI:	
	SKCC4538T-MBA/msG1607728 4;DOA:18/4/18	**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:	

PRELIMINARY ADVICE	Date/Time:		Sent By:	Post-Repair Photos:
				Others:

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$ ($ 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$	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:	

Surveyor Kahn   REF: ASM (AXA·)

ASSIGNMENT

From: Date: 21/08/2018	Veh No: **SHC 6770 K** Yr Regn: 30 Apr, 2015
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / T⃝ / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: **SHC 6770K**	Make: **KIA optima** c.c **1685**
at Workshop m/s **Premier**	Colour **Silver** A/C: Insured / Std / NI / NA
of	Sp.Reading **33 6343** T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: **KNAGM414MF5593467**
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: **205/65R16**
R:

(Policy Condition)

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 **Maxxis**

Front		Rear	
R/Bal. **7** mm		R/Bal. **7** mm	
L/Bal. **7** mm		L/Bal. **7** mm	
D.O.A. **17/8/18**		D.O.I. **21/8/18**	

Bal. or Market Value:	Survey held at **Premier**
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	**N/o Front**
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	The U/C / Chassis frame / Body Structure affected due to collision.
Vehicle: IN / OUT	
Date: Person Contacted:	

Date / Time	Action / Instruction
	4J

Date/Time. File **Pass** to? ☐ : **Preli. Report**	Days Of Repair:
1) ☐ : **Final Report**	Resurvey No. of Trip:
Date/Time. File **Return** to?	
2)	

	Survey Fee:	
	Transportation:	
Add Fee: ☐ : Site Insp ($)	S + RS. SI	
☐ : Interview ($)	Photos	
☐ : Tech. Invs ($)	Others	
☐ : Weekend ($)		
Report Format :		
Lump Sum / I.B.I: ($)	TOTAL	