INS. CASE OWNER: CC 3/ASM/~~AXA~~1801 5413 / tcb3

LKK:
IDAC:

Surveyor: tsc

ASSIGNMENT

DOI: 11/8/18

Date / Time : 11/8/18

Pre-assign / CCU / FTE

Registered in Merimen:

Insured Vehicle No. : SJV 4419R.

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/8/18.

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHL 5145Y →

INSRS: WSP: trans cab. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHL5145Y - 13/EU1811 10 tar/tsc/nnv om. 8/6/18
	SJV4419R - 4

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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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$**	**Global Sum S$:**

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

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:

ASS. REC. BY: Kenneth | REF: AAI

ASSIGNMENT

From: | Date:

Estimated Cost:

OD / TP OWS / 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

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

Est. Repairs: 03 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 5145Y Yr Regn: 01, 14

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

Make: Renault Latitude c.c 1995

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

Sp.Reading 369168 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL15AUC 278147

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: Giti 215/60R16

R: Falken

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	20/8/18	D.O.I.	23/8/18

Survey held at

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
24/8	File pass to Catherine

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation: $ + RS SI

Photos

Others

TOTAL

Report Format :

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