15/5/2010

INS. CASE OWNER: Cynthia | CC 4/ ~~AXA~~ ACM 1801 5415 / R1fb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 21/8/18 Date / Time : 21/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBG 80685.	Claim No. :	S8MV0516 / 64753
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 19/8/18	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**

GBE4683C → → →

INSRS: WSP: Sin Sheng Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBE4683C - Y GBG 80685 - Y
	# smartclaim.

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. :	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:	

(08/11/13)
Surveyor: [signature]

REF:

1196

ASSIGNMENT

From: ________ Date: ________

Estimated Cost: ________

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

To Inspect Vehicle No: GBE 4683C

at Workshop m/s: SIN SHENG

of: ________

Insured: AXA/mp

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: 49K

IDAC Accident Rport: ________ 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

Vehicle: **IN / OUT**

Date: ________ Person Contacted: ________

Veh No: GBE 4683C Yr Regn: 2015 / DEC

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

Make: FIAT DOBLO CARGO MAXI 1.6 c.c 1598

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

Sp.Reading: 77114 T/Radio: **Insured / Std / NI / NA**

Eng/No: ________

C/No: ZFA26300006B30556

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or ________

Brake: **Inorder / Jammed / Leaked / Burnt** or ________

Modi: **Nil / S/Rim / STD A/Rim** or ________

Tyre Size: F: 195/60R16

R: 〃

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	19/08/18		D.O.I.	23/08/18	

Survey held at: SIN SHENG

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

Date/Time, File **Pass** to?

1) ________

Date/Time, File **Return** to?

2) ________

☐ **: Preli. Report**

☐ **: Final Report**

Days Of Repair: ________

Resurvey No. of Trip: ________

Add Fee:
☐ : Site Insp ($ ________)
☐ : Interview ($ ________)
☐ : Tech. Invs ($ ________)
☐ : Weekend ($ ________)

Report Format : ________

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	