15/5/2010

INS. CASE OWNER: Stacey Ng | CC 4, AXA 180 15859, R1 fa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL

DOI: 31/8/2018

Date / Time : 30/8/18

Registered in Merimen: 29/8/18 by AXA

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 5123K	Claim No. :	C0474294
Name of Insured :	TRANS-CAB SVS P/L	Policy No. :	P1680520
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	5,000.00 D.O.A : 28/8/2018	Place of Accident :	
Is driver the owner?	(YES / NO) [NO circled]	Nature of Accident :	

If **NO**, Driver Name / Age :

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

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO [YES circled]

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

SBS 6370T → ______ → ______ → ______

INSRS: WSP: Tower Transit. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SBS6370T - X;
	SHC5123K - C3/PC41 4011917/ Kgbdll ; DOA 21/6/14

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: 2/9/18 Sent By: [signature]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 5264.06 (5 days) Reduction: 2991.98 % 36 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 [Reject marked]
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: REJECT
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ **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:	

(08/11/13) wef

ASS. REC. BY: Ram

REF: AXA

9417K

ASSIGNMENT

From: Date: 31/8/18

Estimated Cost:

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

To Inspect Vehicle No: SBS 6370T

at Workshop m/s Tower Transit

of 21 Bullim Drive

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 1pm - 2pm

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS 6370T Yr Regn: 2013 / MAR

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

Make: MERCEDES BENZ CITARO 6-4 c.c 6374

Colour GREEN A/C: Insured / Std / NI / NA

Sp.Reading 326158 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB62B08323124772

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: 275/70R22.5

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	28/08/18	D.O.I.	31/08/18

Survey held at TOWER TRANSIT

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

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

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Survey Fee:

Transportation: S + RS, SI

Photos

Others