

15/5/2010

INS. CASE OWNER:

Stacy Ng | CC 4, ASA 180 15859, P1-fa3

LKK:

IDAC:

Surveyor:

AAJML

DOI:

ASSIGNMENT

3/18/2018

Date / Time:

30/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5123K

Name of Insured:

TRANS-CAB BUS P/L

Insured Tel No.:

HP:

Excess Sec II : \$

5,000.00

D.O.A.:

28/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

C042424

Policy No.:

P1680520

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

Lower
transit.

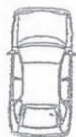
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SBS 63707-X;

SHC 5123K - C3/P44 4011917/Kgddl; BSA 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:

AAJML

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

REJECT

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) wof

ASS. REC. BY:

REF:

AXA

9417K

ASSIGNMENT

From:

Date:

31/8/18

Veh No:

SBS 6370T

Yr Regn:

2013 / MAR

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OP TP WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SBS 6370T

Make:

MERCEDES Benz C140 1.4 c.c 6374

at Workshop m/s

Tower Transit

Colour

GREEN

A/C: Insured / Std / NI / NA

of

21 Bullm Drive

Sp. Reading

326158

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WEP 62808323124712

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

1pm - 2pm

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: NI / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

F:

215/70R22.5

R:

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

8

mm

R/Bal.

8/8

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

8

mm

L/Bal.

8/8

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

28/08/18

D.O.I.

31/08/18

Lum Sum:

%

3 Val.: Yes or No

Survey held at

TOWER TRANSIT

CA / REV / REP. / 24 HRS ^{up}

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

FRT O/S

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

Report Format :