

15/5/2010

INS. CASE OWNER:

ynthia

CC 4/AXA1801

6109, R1ebn

LKK:

IDAC:

Surveyor:

Rasn

DOI:

ASSIGNMENT

4/9/18

Date / Time :

4/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJE 2220

Claim No. :

S8MOU069 / 66974

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

4/9/18

Place of Accident :

Is driver the owner?

(YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SJO 1161X



INSRS:

WSP:

Tel :

Liability :

RMKS:

premier



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SJO 1161X - 4	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:		
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 + LO ☐	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
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) wof
ASS. REC. BY:

Paul

REF: AXA

4975H

ASSIGNMENT

From:

Date: 4/9/18

Estimated Cost:

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

To Inspect Vehicle No:

SHD 1161X

at Workshop m/s

Komaco Motor
233 Alexander Rd

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 Rpt:

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*

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 1161X

Yr Regn:

2017 / *P6B*

Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Prime Mover /

Truck / Trailer or

Make:

Hyundai I30 GDI 1.6 c.c 1582

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

140 985

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

TMA02814VH3124401

Gen. Cond: Good ☒ Fair / Poor / Burnt

Steering: In order ☒ Jammed / Leaked / Burnt or

Brake: In order ☒ Jammed / Leaked / Burnt or

Modi: Nil ☒ R/Rim / STD A/Rim or

Tyre Size:

F:

195/65R16

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

01/09/18

D.O.I.

04/09/18

Survey held at

Komoco

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

O/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$