15/5/2010

INS. CASE OWNER: Richard | CC 4/ASM/~~AXA~~1801 6891 / Awbs | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 14/9/18 Date / Time : 14/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : PZ 1311U. Claim No. : S8M00VJL / 69578

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/9/18 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**

SJS 9199H → → →

INSRS: WSP: MG Solution Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJS9199H – X
	PZ1311U – NOR / [illegible]1801606 (ht DOA 17/9/18
	* gmmt claim.

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: ADRIAN
Repair Cost: L/S	S$ 4,800.00 (5 days)	Reduction: 17,685.49 % 79	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/04/2020	Confirm with SU	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5136.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 350.00 (S$ 50.00 x 7 days)		
Loss of Income (LOI):	S$ (S$ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 120.00	(e.g. Tow / Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 5613.75	**Global Sum S$:** 5600.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ 5600.00	Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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: days Res.: **Yes** or **No**

Lum Sum: % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: **IN / OUT**

Veh No: SJS9199H Yr Regn: 2015 / July.

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

Make: Mercedes Benz. c.c 1595

Colour Grey. A/C: **Insured / Std / NI / NA**

Sp.Reading 22838. T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: WDD1760422J380351

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: 225/45R17.

R: 225/45R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	14/09/18.

Survey held at MG Solution.

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

Front o/s, u/c.

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

Date / Time	Action / Instruction
	TP AXA.

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