INS. CASE OWNER:	ICC	CC4, ASM 180 17082, TI ea3	LKK:
			IDAC: 70173

ASSIGNMENT

Surveyor: WTH   DOI: 19/09/18   Date / Time: 18/09/18

Registered in Merimen: —

Pre-assign / CCU / FTE   SMC 9047L

Insured Vehicle No. : SMC 9047L   Claim No. : 58M00V68

Name of Insured : TAN ZI YAN, DANIEL   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/09/18   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
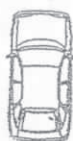
SJH 70X

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Hitachi	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJH70X - 446/ AB44 01 5536 / UjM192 ; DOA : 1/9/11	Non-Reporting ltr (1st):	
	SMC 9047L- X	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: n/a   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$ ($ 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
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:

Surveyor Taylor | REF: | AXA 72en3

ASSIGNMENT

| | | Veh No: 2 SJM 76 X | Yr Regn: 2016 / Nov |

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.

Bal. or Market Value: $128c.

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: 2 SJM 76 X   Yr Regn: 2016 / Nov

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

Make: Toyota Estima Aeres   c.c 2362

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

Sp.Reading   65871   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ACR567132682.

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

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50M8
      R:

	N/S	O/S

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

Front			Rear		
R/Bal.	C	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	19/9/18 1830	

Survey held at   Hitachi Capital

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?   ☐ : **Preli. Report**

1)   ☐ : **Final Report**

Date/Time. File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation.

) __ S + RS __ SI

) Photos

) Others

)

TOTAL