| INS. CASE OWNER: | Auley | CC 4, Asm 180 18204, Nwas | LRR: IDAC: 15424 |

ASSIGNMENT

Surveyor: NG2 DOI: 4-10-18 Date / Time: 4.10.18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5217 Z Claim No. : Ssm 00 XAF

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A: 28/09/18 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

SMB 1542G →

| | INSRS: WSP: Tel : Smr7,mL Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time	SMB 1542G, X; SHC 5217 Z - NA/INCI 6068231 C , DOA 29/18		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: _____

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: NAZ   REF: AXA

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.

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 1 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: SMB 1542G   Yr Regn: 12 DEC 2014

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

Make: MAN A22 BUS   c.c 10,518

Colour: MULTI-COLOURED   A/C: (Insured)/ Std / NI / NA

Sp.Reading: 363,519   T/Radio:(Insured)/ Std / NI / NA

Eng/No: _____

C/No: WMAA22ZZ8F7002478

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: 275/70 R22.5

R: 11

	N/S	O/S

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

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 28/9/18		D.O.I. 4/10/18	

Survey held at: SMRT WOODLANDS

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		
			AXA L/S

Date/Time, File Pass to? ☐ : **Prel. 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 _____