

INSURANCE

INS. CASE OWNER:

*Lynethia* | CC *Y USM* - AXA1801 *9577, E JPH*

LKK:  
IDAC:

Surveyor:

*Kenneth*

DOI: *16/10/16*

ASSIGNMENT

Date / Time: *16/10/16*

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : *SKA 787C*

Claim No. : *SEM010NB/777777*

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$5 D.O.A : *15/10/16*

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. : \_\_\_\_\_ (VI: YES / NO )

Insured Liability : % Final ? Yes / No

*SKA 787C*



INSRS:  
WSP: *7KT*  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
<i>SKA 787C</i>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$5	( days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass, Lia :
Repair Cost:	\$5	
Loss of Rental (LOR):	\$5 ( days)	
Loss of Use (LOU):	\$5 (\$ x days)	
Loss of Income (LOI):	\$5 (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$5	
Medical:	\$5	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$5 (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$5	3) Survey fee:
Total:	\$5 Global Sum \$5:	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$5 Name 1:	
Payee 2: (Strike if N.A.)	\$5 Name 2:	
Payee 3: (Strike if N.A.)	\$5 Name 3:	

ASS. REC. BY:

REF: AXA /

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop nvs 767

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

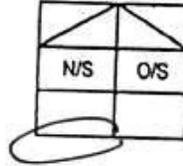
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 8

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SJL 25655 Yr Regn: 11, 08

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

Truck / Trailer or

Make: Honda Airwave c.c. 1496

Colour: m-Black A/C: Insured / Std / NI / NA

Sp. Reading: 421157 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: GJ1 1305921

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / B/Rim / STD A/Rim or

Tyre Size: F: 195/60R15

R: \_\_\_\_\_

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

TOYO / YOKO or Radar

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 25/10/18

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 26/10/18

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or None N/S

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

Date / Time	Action / Instruction
<u>29/10</u>	<u>File pass to Catherine</u> <u>7/loss</u>

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: \_\_\_\_\_

1)

: Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:  : Site Insp (\$)

Transportation:

: Interview (\$)

\_\_\_\_\_ S + P.S. \_\_\_\_\_ SI

: Tech Invs (\$)

\_\_\_\_\_ FURTHER

: Weekend (\$)

\_\_\_\_\_ OTHERS

Report Format :

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

TOTAL