

15/5/2010

INS. CASE OWNER:

Yvonne | CC 4 ASM 9521, K ub3 AXA1801

LKK: IDAC:

ASSIGNMENT

Surveyor: ESC

DOI: 24/10/08

Date / Time: 26/10/09

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 8742C

Claim No. : 28M000P0 (78843)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A : 19/10/08

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

SJP 261K



INSRS: WSP: Tel: Liability: RMKS:

Accord



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
SJP 261K → SLC 8742C - 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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with:		
Repair Cost: \$\$ (days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT 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: \$\$		
Loss of Rental (LOR): \$\$ (days)		
Loss of Use (LOU): \$\$ (S x days)		
Loss of Income (LOI): \$\$ (S x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost: \$\$	3) Survey fee:	
Total: \$\$ Global Sum \$\$:		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1:		
Payee 2: (Strike if N.A.) \$\$ Name 2:		
Payee 3: (Strike if N.A.) \$\$ Name 3:		

Surveyor

REF: ASM (AXA)

ASSIGNMENT

From: Date: 29/10/2018

Estimated Cost:

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

To Inspect Vehicle No: SJP 261K

at Workshop m/s Accord Auto

of 10 AMK Ind. park 2A AMK #03-11

Insured:

Policy No.

Claims No.

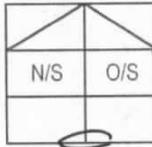
Sum Insured: Excess:

(Client's Record)

Make of Veh: 10am @ owner waiting

(Policy Condition)

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



Bal. or Market Value: @ 12k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (cup)

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SJP 261K Yr Regn: 03 0P

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

Truck / Trailer or

Make: PGM Bravo c.c 1300

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

Sp. Reading: 70151 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZFA 798 0000 204064

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: 225/45 R17

R:

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 7 mm

R/Bal. 8 mm

L/Bal. 7 mm

L/Bal. 8 mm

D.O.A. 19/10/18

D.O.I. 29/10/18

Survey held at

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

30/10 R2 pass to Catherine @ 2.00

Date/Time, File Pass to?

[] : Preli. Report

Days Of Repair:

1)

[] : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: [] : Site Insp (\$) S + RS. SI

[] : Interview (\$) Photos

[] : Tech. Invs (\$) Others

[] : Weekend (\$)

Report Format :

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

Survey Fee:

Transportation:

TOTAL

Large empty box for calculations and totals.