

INS. CASE OWNER:

RA

CC 4, Asm 180 19879, Nha3

LKK:

IDAC:

79030

Surveyor:

N2

DOI:

ASSIGNMENT

1-11-18

Date / Time:

1-11-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 5125A

Name of Insured:

TLC Svc Plz

Insured Tel No.:

HP:

Excess Sec II :S\$

5,000.00

D.O.A.:

31-10-18

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

S8m0101

Policy No.:

Make / Model:

Place 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

SHB 1658R



INSRS:

WSP:

Tel:

Liability:

RMKS:

SmpT. w2



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 1658R - NG/INC 13018608 / SVB02 ; DOA: 23/9/17  
 - NG/INC 16018621 / KWB02 ; DOA: 30/10/17  
 SHD 5125A - CC/INC 13024717 / KES302 ; DOA: 27/12/17  
 - CC/INC 18001880 / KPA352 ; DOA: 28/1/18

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\$

Disbursement:

S\$

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

REF: AXA

TAXI/10/18/2022

Surveyor: NAZ

## 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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 4 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: SHB 1658 RYr Regn: 24 AUG 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: TOYOTA PRINC.C. 1798Colour: MAROONA/C: Insur. d / Std / NI / NASp. Reading: 554 039T/Radio: Insured / Std / NI / NA

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

C/No: JTDKN36U005747915Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 / 65 R15R: 11

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mmR/Bal. 5 mmL/Bal. 6 mmL/Bal. 5 mmD.O.A. 3/10/18D.O.I. 1/11/18Survey held at SMART WOODLANDDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orO/S FRONT

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

Date / Time

Action / Instruction

AXA

Date/Time, File Pass to?

☐ : Preli: Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

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

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL