15/5/2018

INS. CASE OWNER: FC | CC 4 /AXA1801 AGM 9883, A wb) | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian   DOI: 7/4/18   Date / Time : 1/11/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJS 62C	Claim No. :	88M011FR/37019
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A.: 27/10/18	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**

GZ4907T → ______ → ______ → ______

INSRS: WSP: Fai moto/ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
	9Z4907T-X SJS62C-Y	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	# Gmurtclaim	Notification ltr (if non-pickup):	
		Call OI:	
	-01NR	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$ (S x days)		
Loss of Income (LOI):	S$ (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:	

REF: ASM (AXA)

ASSIGNMENT

From: Date: 02.11.2018

Estimated Cost:

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

To inspect Vehicle No: GZ 4957T

at Workshop m/s: Kai Motor

of: Blk 3009 Ubi Rd 1 #01-440

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Ah Hua - 6747 4006

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

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: GZ4957T. Yr Regn: 2006 / May.

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

Truck / Trailer or

Make: Nissan Urvan cc 2953

Colour: Grey. A/C: Insured / Std / NI / NA

Sp Reading: 293706. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MG4E25Z0713842.

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: 195R15C

R: 195R15C.

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

TOYO / YOKO or Maxxis.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	02/11/18.

Survey held at: Kai Motor.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front O/S.

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

Date / Time	Action / Instruction
	TPAXA.

COE Expiry: 30/11/20.

MV: 17K
PV: 9.5K.
Nett: 7.5K.

Date/Time: File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time: File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ( ) S + RS ( ) St

Add Fee: ☐ Site Insp (S) Photos

☐ Interview (S) Others

☐ Tech Invs (S

☐ Weekend (S

Report Format :

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

TOTAL: