INS. CASE OWNER: *Peter* CC4 /AXA1802 *2268, Uh63* LKK: ___ IDAC: ___

Surveyor: *mnrms* DOI: ___ **ASSIGNMENT** Date / Time: *11/11/18*

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : *SHF664H* Claim No. : *S8MU6509/87069*

Name of Insured : ___ Policy No. : ___

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

Excess Sec II :S$ ___ D.O.A : *5/11/18* 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**

SMD407A → → ___ → ___

INSRS: *yen*	INSRS:	INSRS:	INSRS:
WSP: *tee*	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SMD407A-4	*SHF664H-X*	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
	# Sunvtclaim.		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:	
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	
			Others:	

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 + LO ☐ [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: 12·12·2018

Estimated Cost:

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

To Inspect Vehicle No: SMD 4107A

at Workshop m/s   Yew Tee Automobile

of   Blk 6 Woodlands Rd 359F
                    Yew Tee

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)   5pm

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

Bal. or Market Value: $ 40k.

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

Date: Person Contacted:

Veh No: SMD 4107A   Yr Regn: 8 / 12

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

Truck / Trailer or CAI

Make: Honda Civic   c.c 1598

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

Sp.Reading 109699   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFB1630CS201171

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:

          R: 225/45R17

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

TOYO / YOKO or

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 5/12/18		D.O.I. 12/12/18	

Survey held at

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

    O/S Rear

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

N/S | O/S

Date / Time	Action / Instruction LTA 33977
	3 yrs Reg Dep 8800

Date/Time, File Pass to?   [ ] : Preli. Report

1)   [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Lum 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