15/5/2010	Winnie	CC 4 RM. 06rr, R2hb3	LKK:
INS. CASE OWNER:			IDAC:

ASSIGNMENT

Surveyor: _Raoul_   DOI: _nilla_   Date / Time: _10/1/19._

Registered in Merimen: _s9mu18wo / an45r_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SDB 88P_   Claim No. :

Name of Insured : ____   Policy No. : ____

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

Excess Sec II :S$ ____ D.O.A : _nilla._   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**

SLM 3167I →

INSRS: _Tan Chong._   WSP: Tel :   Liability :   RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 3167I — ↲	Non-Reporting ltr (1st):	
	SDB88P—CU(VR19000385)Bv Ooo 2/1/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	✗ Smart Claim.	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 ☐

				If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		
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 + 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:	

ASSIGNMENT

From: Date:	Veh No: SLH 3167Z Yr Regn: 2016 / OCT
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or

To Inspect Vehicle No: SLH 3167Z

at Workshop m/s   TAN CHONG

of   911, BUKIT TIMAH

Insured: ASM (AXA)

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

Ilam Lawrence

(Policy Condition)

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

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:

Make: NISSAN QASHQAI 1.2   c.c : 1197

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

Sp.Reading: 17417   T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: SJN FEA J11U1720526

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: 215/60R17

         R: 1.

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. 02/01/19		D.O.I. 11/01/19	

Survey held at   TAN CHONG

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

Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair:
1)	☐ : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?		Transportation:
2)		S +RS. SI
	Add Fee: ☐ : Site Insp ($)	S +RS. SI
	☐ : Interview ($)	Photos
	☐ : Tech Invs ($)	Others
Report Format :	☐ : Weekend ($)	
Lump Sum / I.B.I: ($)		TOTAL