

INS. CASE OWNER:

CL

CC

4, Asm 1900

0800, 71fas

LKK:

92894

IDAC:

Surveyor:

MUA

DOI:

ASSIGNMENT

24/1/19

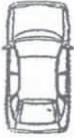
Date / Time:

14/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBF 7625 X



Insured Vehicle No.:

Name of Insured:

Amowelo inc. plc

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

9-1-19

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

SHA 8680J



INSRS:

WSP:

Tel:

Liability:

RMKS:

my auto



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA 8680J - X ;
GBF 7625 X - 1/1/19 17:00/17:00 : 00A 1/1/19

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:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
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 + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
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:		

Surveyor

Tajiri

REF:

AXA

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: _____

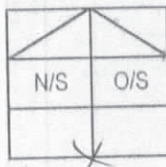
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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:

SHA 8680J

Yr Regn: 2016, Oct.

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

Truck / Trailer or

Make:

Hyundai I40

C.C 1685

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

391005

T/Radio: Insured / Std / NI / NA

Eng/No:

KM HL B4/4M H4 091239

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: ND / S/Rim / STD A/Rim or

Tyre Size:

F: 205/60R16

R: ~ ~

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

TOYO / YOKO or

Wext 6h

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

D.O.I. 14/11/1909pm

Survey held at

Ding Auto

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
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$