

15/5/2010

INS. CASE OWNER:

Peter

CC 4 ASM / AXA 1900 0988, Gynh

LKK:
IDAC:

Surveyor:

XGD

DOI:

ASSIGNMENT
12/1/19

Date / Time:

6/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Sdx 8789 G

Claim No. :

S9m01A100 (an80)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

11/1/19

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

MH 65907

Sdx 8789 G

Sdx 97510



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS: MH

WSP: VM

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
Gyn 97510-7	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm 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 + 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(LXA)

1962G

ASSIGNMENT

(-2022)

From: _____ Date: 17/07/09

Estimated Cost: _____

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

To Inspect Vehicle No: SGW 9751C

at Workshop m/s: Ah Lim Motor

of: 176 Sim Ming Dr # 05-12

Insured: 6456 3637 Meili

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SGW 9751C Yr Regn: 06 Aug 2007

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

Truck / Trailer or _____

Make: Mit Lancer C.C. 1998

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

Sp. Reading: B8611 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM1STCY 4A 8U 000 563

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD / A/Rim or _____

Tyre Size: F: 225/40R 18

R: U

(Policy Condition) 1pm - 2pm

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

N/S	O/S
	0

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

TOYO / YOKO or **FAKLEN**

Front	Rear
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. _____	D.O.I. 17-01-19

Survey held at: w/s 12:10 pm

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair limit \$4000

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 (\$ _____) S + RS \$ _____

Interview (\$ _____) Photos _____

Tech. Invs (\$ _____) Others _____

Weekend (\$ _____) _____

TOTAL _____