

INS. CASE OWNER:

Winnifred

CC & Asm 1900

2338

71 pa3

LKK:
IDAC:

97483

Surveyor:

MTH

DOI:

ASSIGNMENT

12/2/19

Date / Time:

11/2/19

Registered in Merimen:

S9 moiraf

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKZ 1600

Claim No.:

Name of Insured:

TRANS GLOBE Ample

Policy No.:

Lx

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

6/2/19

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

SLQ5934R



INSRS:

WSP:

Tel:

Liability:

RMKS:

3A Automobile



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SLQ5934R - X ;	Non-Reporting ltr (1st):	
SLQ160D - cu/Atu 160 1289 / Gw6392 ; b0A: 30/6/16	Non-Reporting ltr (2nd):	
12/2	Non-Reporting ltr (Final):	
Other. sent out 6/2 after.	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:
Repair Cost:	S\$	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
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 ☐
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:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

On Call

Tanp

REF:

AXA

ASSIGNMENT

From Date

Estimated Cost

QD / 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

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Bowle

Date / Time

Action / Instruction

67387777

Veh No.

SLR5934R

Yt Regn

2017 July

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

Truck / Trailer or

Make:

Toyota A/His

C.C

1598

Colour

Blue

A/C

Insured / Std / NI / NA

Sp. Reading

25960

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR053RFF1104561635

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size:

F:

215/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

12/2/19 @ 1220

Survey held at

3A Automobile

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

Frt o/s

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

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

\$ + RC \$

Photos

Other

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp. (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$