s3

15/5/2010

INS. CASE OWNER: Peter | CC 4 ASM /~~AXA~~1900 2877 / E-TH// | LKK: IDAC:

ASSIGNMENT

Surveyor: Stan   DOI: 18/7/19   Date / Time : 15/7/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 98 ...		Claim No. :	SAM010XV / 98695
Name of Insured : TRANS CAB SERVICES P/L		Policy No. :	VPX / P168...
Insured Tel No. :	HP:	Make / Model :	RENAULT
Excess Sec II :S$	D.O.A : 14/7/19.	Place of Accident :	SUMMER VIEW HOTEL & BURLINGTON SQUARE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : TAN WEE KHENG WILLIAM		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKA 1347H → → →

INSRS: WSP: allswell Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKA1347H – Y SHB 98 ... – Y
	#amount claim.
19/6/2020	Reject case (up).

Reject Case
By (staff) : HSIAO TONG
Approved by :
Date : 19-06-20

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	28/6/19
After call ltr to OI:	(By email).

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 ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : 34.		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 + LOI ☐	**[Tick only one]**
GIA/LTA Search	S$			
Medical:	S$			1) Claim status: Normal/Reject/Private Settle (up)
Disbursement:	S$	(e.g. Tow/ Independent)		2) Report Format: TPO
Legal Cost	S$			3) Survey fee: $250.00
Total:	**S$**	**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: Steve | REF: ASM (AXA) | h

ASSIGNMENT

From: | Date: 18/2/19
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKA 1347H
at Workshop m/s: Allswell Motor
of: 25 Defu Lane 9
Insured:
Policy No:
Claims No:
Sum Insured: | Excess:
(Client's Record)
Make of Veh: 11am-11·30am owner waiting
(Policy Condition)

N/S	O/S
	X

Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: 35K.
IDAC Accident Rport. | Consistent? : Yes or No
GIA / PR Seen | Consistent? : Yes or No
Est. Repairs: 3 days | Res.: Yes or No
Lum Sum: 20- % | 3 Val.: Yes or No
CA / REV / REP. / 24 HRS lups
Vehicle: IN / OUT
Date: | Person Contacted:

Veh No: SKA 1347H | 1st Regn: 29/10/10
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mercedes Benz C180 | c.c: 1796
Colour: BEIGE | A/C: Insured / Std / NI / NA
Sp.Reading: 371707 | T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WDD 2040492A410362
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: 225/45ZR17
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 14/2/19 | D.O.I. 18/2/19
Survey held at: Allswell
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
	4 S $ 2000 Cred $ 2322/54%/n

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: ☐ Site Insp. ($)
☐ Interview ($)
☐ Tech. Invs ($)
☐ Weekend ($)

Survey Fee:
Transportation
Photos
Other
TOTAL

Report Format:
Lump Sum / I.B.I. ($)