

INS. CASE OWNER:

CL

CC 4, ASM 1900 3368, Jha3

LKK:

IDAC:

100076

Surveyor:

043

DOI:

ASSIGNMENT

22/02/19

Date / Time:

22/02/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YP5933 U

Name of Insured :

COMPLETION PROMPTS PLC

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

20/02/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

S 9 m o i G m L

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

SHB 296 H



INSRS:

WSP:

Tel :

Liability :

RMKS:

Smpt7, m



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 296 H - MS/INCL 7023538/ Sg bcl 7000: 21/02/19	Non-Reporting ltr (1st):	
SHB 296 H - MS/INCL 7023538/ Sg bcl 7000: 21/02/19	Non-Reporting ltr (2nd):	
YP 5933 U - X	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:	☐

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 ☐ [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:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ATTACHMENT *Huel Jie*

REF: AXA

ASSIGNMENT

From

Date: *22/2/19*

Estimated Cost

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

To inspect Vehicle No:

SHB 296H

at Workshop m/s

*SMRT
woodlands Depo*

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.*

☒	☐
N/S	O/S
☐	☐

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 *lyp*

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No

SHB296H

Vt Regn

9 Jul 2014

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

Truck / Trailer or

Make:

Toyota Prius

C.C. *1797*

Colour

Maroon

A/C Insured / Std / NI / NA

Sp. Reading

498026

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN36U805746866

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: 195/65R15

R: *-*

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

TOYO / YOKO or

wstlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

20/2/19

D.O.I.

22/2/19

Survey held at

Sumt

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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS SI

) Photos

) Other:

Report Format :

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

TOTAL