INS. CASE OWNER: _Stacey_ | CC 4, Asm 1900 33 74, E f'a3 | LKK: ___ IDAC: 100204

ASSIGNMENT

Surveyor: _Steve_ DOI: _20/2/19_ Date / Time: _7/2/19_

Registered in Merimen: _____

Pre-assign / CCU / FTE
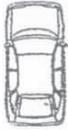
Insured Vehicle No. : GBC 2999R Claim No. : S9MW1889

Name of Insured : SFI MANUFACTURING PLC Policy No. : _____ Ax

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II : S$ _____ D.O.A : 20/1/19 Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ___ % Final ? Yes / No

FBG 9680S → _____ → _____ →
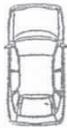
INSRS: | INSRS: | INSRS: | INSRS:
WSP: HLL Um | WSP: | WSP: | WSP:
Tel : | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time			STAGE	DATE / PIC
	FBG 9680S ⎫		Non-Reporting ltr (1st):	
	GBC 2999R ⎬ NBMINCI 900286024 , 18th 20/1/19		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: ___% 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 + LOI ☐ [Tick only one]

GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	2) Report Format: _____
Legal Cost	S$	(e.g. Tow/ Independent) 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:

Steve   REF: ASM(AXA)

From   Date: 28/2/19   Veh No: FBG 9680S   Yr Regn: 25/01/08

Estimated Cost   Type: M.Car / (M.Cycle) / Bus / Van / Lorry / Taxi / Prime Mover /

OD / (TP) WS / TP RES / OD RES / EVA / INV / MV   Truck / Trailer or

To Inspect Vehicle No: FBG 9680S   Make: SUZUKI GSX R1000   c.c: 1.0

at Workshop m/s   HKL Lim Team   Colour: White   A/C: Insured / Std / NI / NA

of Blk 1008, Blkt merxth tere 3 #01-24   Sp.Reading: N/A   T/Radio: Insured / Std / NI / NA

Insured   Eng/No:

Policy No   C/No: JSICL 111190114292

Claims No   Gen. Cond: Good / (Fair) / Poor / Burnt

Sum Insured: Excess: Steering: (Inorder) / Jammed / Leaked / Burnt or

(Client's Record)   Brake: (Inorder) / Jammed / Leaked / Burnt or

Make of Veh: Modi: Nil / (S/Rim) / STD A/Rim or

                                               Tyre Size: F: +2 120/702R17
(Policy Condition)   R: 190/592R17

Remark: The veh had commenced its   BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI /
        repair at the time of inspection.   TOYO / YOKO or

	N/S	O/S
X		

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No | Front | | Rear | |
GIA / PR. Seen: Consistent? : Yes or No |---|---|---|---|
                                                     | R/Bal. 7 | mm | R/Bal. 7 | mm |
Est. Repairs: days   Res.: Yes or No | L/Bal. | mm | L/Bal. | mm |
Lum Sum: %   3 Val.: Yes or No

                                               D.O.A. 20/1/19   D.O.I. 25/2/19
CA / REV / REP. / 24 HRS   Survey held at HKL

                         Vehicle: IN / OUT   Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: front, LH

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

Date / Time   Action / Instruction
MV - 32,000   Discuss with macos MV - 17K
PV - 4,386
NV - 27,614

Date/Time, File Pass to?   [ ] : Preli. Report   Days Of Repair:
1)   [ ] : Final Report   Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?   Transportation:
2)   Add Fee: [ ] : Site Insp ($) _S + RS __ St
                                                      [ ] : Interview ($) Photos
                                                      [ ] : Tech. Invs ($) Other
Report Format :   [ ] : Weekend   ($)
Lump Sum / I.B.I. ($ TOTAL