15/5/2010

INS. CASE OWNER: Jns | CC 4 /~~AXA~~ ASM 1900 3584/ 72 eb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tanufiich. DOI: 26/8/19 Date / Time: 26/8/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XD 6261T.		Claim No. :	SAMO1F4M/100841
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 23/8/19.	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**

GZ 72850 → → →

INSRS: WSP: ASM. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GZ 72850 - 4 XD 6261T - 4
	* Smartclaim - VIRTUAL
	- OIWR

STAGE	**DATE / PIC**
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)	☐	☐
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$ (S x days)		
Loss of Income (LOI):	S$ (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:	

[illegible] Taufiklh | REF: ASM

[illegible] CoE 2021 July

From: Date	Veh No. GZ 7285D Yr Regn. 2006 Aug
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	Make: Mitsubishi FB70 c.c 2835
at Workshop m/s	Colour Green A/C Insured / Std / NI / NA
of	Sp.Reading 396443 T/Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No: FB70ABA00457.
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: 185 R14
(Policy Condition)	R: 155 R13
Remark: The veh had commenced its repair at the time of inspection. N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: $15K	Front — Rear 6/6
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm — R/Bal. 6/6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm — L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. — D.O.I. 26/2/19
Lum Sum: % 3 Val.: Yes or No	Survey held at ASM Auto
CA / REV / REP. / 24 HRS .	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT Jaslyn	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

inform July limit $4000.

Rebate: $10,812. 13 Pioneer Sector 1

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
) S + RC SI
) Photos
) Other
)
TOTAL

Report Format :

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