15/5/2010

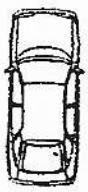
INS. CASE OWNER: CC3/AXA130 09250 / K e b3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/5/2013 Assg Date: 20/5/2013

Pre-assign / CCU / FTE



Insured Vehicle No. : SGF 6238C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

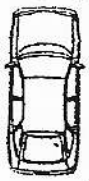
Excess Sec II :S$ D.O.A : 17/5/2013 Place of Accident :

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**

SHD118D →

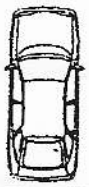


INSRS:
WSP: Trans Cab
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→



INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver's Own Vehicle Number: Insurance Company:

SHD118D - x

SGF6238C - CC6/AXA13000774 / Ar f392; DOA = 31/12/12

STAGE	**DATE / PIC**
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
Others:	

Documentation Check List:	**Handler**	**Typist**
OI Apt Ltr:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
Approval Email:	☐	☐
Payment Breakdown Form:	☐	☐
Others:	☐	☐

FINAL SETTLEMENT	Date :	Confirm with		
Repair Cost:	S$	Final Liability	% (Agreed / Assessed)	BOLA S/N No. :
Loss of Rental:	S$	(days)		If NO or B 28, Ass. Lia :
Loss of Use:	S$	($ x days)		
Disbursement:	S$			
Total:	**S$**	**Global Sum: S$**		

ASS. REC. BY: | REF: AXA /

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD118D Yr Regn: 06/08

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

Truck / Trailer or _____

Make: Toy Wish c.c 1794

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 546224 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W203 000034

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: 195/65R15

R: _____

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

TOYO / YOKO or WEST LAKE

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A.	17/5/13	D.O.I.	20/5/13

Survey held at _____

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

Date/Time, File Pass to?

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Preli. Report:

Final Report:

Date/Time, File Return to?

TOTAL LOSS

KIV FOR LOD

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL