

15/5/2010

INS. CASE OWNER:

Richard

CC 4/AXA1900

4248, A eb3

LKK:
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT
u/n/a

Date / Time :

11/2/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJW 3859E

Claim No. :

S9M01G14 (107160)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

u/n/a

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

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

SGT 4175E



INSRS:
WSP:
Tel :
Liability :
RMKS:

chaw motor



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	CGT 4175E - x	SJW 3859E - y	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)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$S	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S			
Medical:	\$S			
Disbursement:	\$S	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$S			2) Report Format:
Total:	\$S	Global Sum \$S:	3) Survey fee:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S	Name 1:		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Veh No: SGT4135E Yr Regn: 2007 April

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: _____

Make: Toyota Wish c.c. 1794

at Workshop m/s _____

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

of _____

Sp. Reading: 257508 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: ZNE100552463

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / 5/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 06 mm R/Bal. 06 mm

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

L/Bal. 06 mm L/Bal. 06 mm

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

D.O.A. _____ D.O.I. 11/03/19

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

Survey held at Chew

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TPAXA

COE Expiry: 10/04/22

MV: 32K

PV: 16.1K

Nett: 5.9K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1) _____
3) _____
5) _____
Prel. Report: _____
Final Report: _____

2) _____
4) _____
6) _____

IN _____ OUT _____

Basic & Add.
_ S + RS, _ SI
Photos
Others
TOTAL
