

15/5/2010

INS. CASE OWNER:

Jns

CC

4 RM
/AXA1900

4750, R2663

LKK:

IDAC:

Surveyor:

Kusul

DOI:

ASSIGNMENT

11/7/11

Date / Time :

11/7/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

XE 7754B

Claim No. :

SAmolgarv/ 107106

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

7/7/11

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

INSRS:
WSP:
Tel :
Liability :
RMKS:world
AntoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE/ PIC
07/07/11 - X	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\$		
Disbursement: S\$	(e.g. Tow/ Independent)	
Legal Cost: S\$		
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:	

REF: AXA (ASM)

4557K

ASSIGNMENT

From

Date:

11/3/19

Estimated Cost:

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

To inspect Vehicle No:

SLT 2573C

at Workshop n/s

World Auto

of

No. 1 Krunji loop

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Virtual Case

Do not finalize

(Policy Condition)

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



Bal. or Market Value:

79K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLT 2573C

Yr Regn:

2017. 04

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

Truck / Trailer or

Make:

TOYOTA PRINS Hybrid 1.8L 1798

Colour:

WHITE

A/C

Insured / Std / NI / NA

Sp. Reading

10216

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTBKB3FUX03S62520

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

7.5

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

TOYO / YOKO or

Rovelo

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

07/03/19

D.O.I.

11/03/19

Survey held at

World Auto

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?

☐

: 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 (\$

Report Format :

Lump Sum / L.B.L: (\$

Survey Fee:

Transportation:

) \$. RS . SI

) Photos

) Others

) TOTAL