

INS. CASE OWNER:

CC 3 / ASM 1900 5281 / K fa3

LKK:

IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

2013/19

Date / Time :

2013/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : STX 115Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 20/03/2019

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

SAC 5760 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SAC 5760 X - NM/INCI 6015730/v3 : b.A. 22/08/16
 STX 115Y - CUL/AXA 1701288/16k397 : b.A. 27/10/16
 - C3/AXA 1600562/Fu352 : b.A. 27/3/16

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:

09/11/20

10 DAYS NOTICE EMAIL TP ON 13/10/2020. TILL DATE STILL NO
 RESPONSE. TEMP CLOSE FILE. SUBMIT WP. ADMIN TO CLOSE

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S

S\$ 25,900.00

(20 days)

Reduction: 68,479.65

% ' 73

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 28

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP

3) Survey fee:

\$250.00

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:

ASS. REC. BY:

REF:

ALW

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

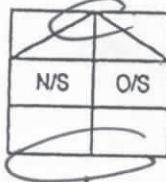
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 20 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 5760X Yr Regn: 06, 15

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

Truck / Trailer or _____

Make: Renault Continuo c.c 19.95

Colour: M. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 600826 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1ABL 15AMC 281647

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Giti

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 20/3/19 D.O.I. 21/3/19

Survey held at _____

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

2131

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

Date / Time Action / Instruction

1 File pass to
Await for back Value

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trlp: _____

2) _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

Report Format :

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

TOTAL