

INS. CASE OWNER:

ngstony CC 4, ASM 1900 S565, P1 pas

IDAC: 10684

Surveyor:

Arnk

DOI:

ASSIGNMENT

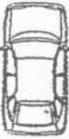
27/3/19
Use survey before AXA for assignment.

Date / Time:

28/03/2019

Registered in Merimep:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5679 z

Name of Insured:

UC SWS PLC

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

5,000.00

D.O.A.:

21/03/19

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

SHB 8444A



INSRS:

WSP:

Tel:

Liability:

RMKS:

memme



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 8444A Mc/Inc 1800 3749 / 14602; ODA: 28/3/19
- CC3196/2000 314 / Hkg 2; BOA: 31/1/19
- CC6111/6056/12 / SP2705; BOA: 30/3/16

SHC 5679 z - X

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\$ (\$ 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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor: KAVIN

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY _____

To Inspected Vehicle No: _____

at Workshop no/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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / .REV / REP. / 24 HRS _____

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

Veh No: SHB8494A Yr Regn: 1684, 2013

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

Truck / Trailer or _____

Make: KIA optima c.c. 1684

Colour: Silver A/C: Ins 6 / Std / NI / NA

Sp. Reading: 853181 T/Radio: Ins 6 / Std / NI / NA

Eng/No: _____

C/No: ICNAH M414AE5447048

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or

Brake: In order / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 / Rim or

Tyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Harlik

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 21/3/19 D.O.I. 27/3/19

Survey held at Premier

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

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

Date / Time	Action / Instruction
<u>2/4/19</u>	<u>Chk up to 1200 / 24hrs. Independent Report (A.M.A)</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

- Add Fee: : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech. Invs (\$ _____)
- : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
\$ + RS: \$	_____
Photos	_____
Others	_____
TOTAL	_____