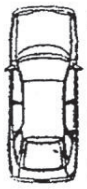
15/5/2010

INS. CASE OWNER: CC 6 /AXA140 22446 / M/h2 e3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MCF DOI: 1.12.14 Assg Date: 1.12.14.

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 626E. Claim No. :

Name of Insured : Policy No. :

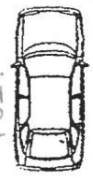
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 25.11.14. Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

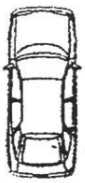
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO Insured Liability : % **Final ? Yes / No**

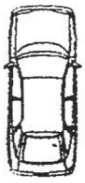


SGQ 93259.

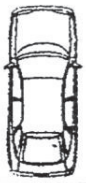
INSRS:
WSP: ETA-1.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

PST.

Date/ Time	
	FOR CSO ONLY:
	Is driver the owner? (YES / NO)
	If NO, Driver Name / Age :
	Driver's Own Vehicle Number: Insurance Company:
	X
	X.

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 :

(08/11/13) | REF:

Surveyor: MA

ASSIGNMENT

From: _____ Date: AB

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s EM1

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: _____ days Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SGQ7325G Yr Regn: JAN / 07

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

(A) **Truck / Trailer** or _____

Make: RENAULT WAGANE c.c 1598

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 172130 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VF1LM0J0E34903068.

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: _____

R: 205/55/R16.

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	25/11/2014	D.O.I.	1/12/2014.

Survey held at _____

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or REAR

The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	