

15/5/2010

INS. CASE OWNER:

mm

CC 4 / AXA1900

8117 J ebb.

LKK:

IDAC:

Surveyor:

H. J.

DOI:

ASSIGNMENT

8/5/10

Date / Time:

8/5/10.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

sfp 911T.

Claim No.:

s9m02m06 / u4663

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

2/5/10.

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

SUB 3145T

INSRS:
WSP:
Tel:
Liability:
RMKS:William
AntoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	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.:
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:

Invoice Hwee Jie

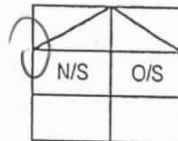
REF: AXA

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/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: _____ 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. SLB 3145T Yr Regn: 1 Apr 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Camry c.c. 1998
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 52052 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: MROS3DE5100105401

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: 215/60R16

R: _____

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

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. <u>2/5/19</u>		D.O.I. <u>8/5/19</u>	

Survey held at William Auto

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or

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

Date / Time	Action / Instruction
	Workshop will email estimate

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time. File Return to?
 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

) \$ + PS. \$ SI
) Photos
) Others

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

TOTAL