

INS/2010

INS. CASE OWNER:

Kitty

CC 6 AGM
AXA1900 10023 H gbs

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

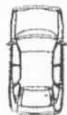
9/6/19

Date / Time:

6/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJT 3770H

Claim No. :

Samo 2PT4 (10028)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. :

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

SJT 56415



INSRS:

WSP:

Tel :

Liability :

RMKS:

KIM
WHEEL

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SJT 56415 - 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:	
Repair Cost:	SS (days) Reduction: %	Confirm by: 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:	SS		
Loss of Rental (LOR):	SS (days)		
Loss of Use (LOU):	SS (\$ x days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS		
Medical:	SS	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	SS	3) Survey fee:	
Total:	SS	Global Sum SS:	
FINAL PAYMENT Date/Time:		Confirm with: Email ☐ Call ☐	
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

ASS. REQ. BY:

REF:

ASM(AXA)

ASSIGNMENT

From

Date:

7/6/19

Estimated Cost:

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

To Inspect Vehicle No:

SJF 56415

at Workshop m/s

Kine chuee

of

1 Keki Bulcit Ave 6 #01-46

Insured:

Policy No.

SJT37307

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:

27

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

1up LTA 15932

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJF 56415

Yr Regn:

6 1 08

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

Truck / Trailer or

CA7

Make:

Honda Civic

C.C.

1799

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

296459

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMF D 163085215997

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/45-20R17

R:

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

TOYO / YOKO or

nexen

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

5/6/19

D.O.I.

7/6/19

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

Note G.1 30-4-2023 3yrs. 10ml.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

Report Format:

Lump Sum / L.E.T. /

TOTAL