

INS. CASE OWNER:

Kathy | CC 4^{ASM} / AXA1901 3025, 12 gbb.LKK:
IDAC:

Surveyor:

Tantien

DOI:

ASSIGNMENT

24/3/09

Date / Time :

24/3/09.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YM 9146P

Claim No. : S9m03uxm/ 28329

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 24/3/09

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

FBN 4881A



INSRS:

WSP: MCL

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
FBN 4881A-X YM 9146P 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:	☐	☐	
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos: ☐	
		Others: ☐	
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 + LO ☐	[Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:	
		3) Survey fee:	
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:	

108/1/134

Surveyor

Tayfhi

REF:

ASM (AXA)

ASSIGNMENT

From:

Date:

24.7.2019

Estimated Cost:

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

To Inspect Vehicle No:

FBN 4881A

at Workshop m/s

HKL Lim

of

Blk 1008 #01-24 Bukit Merah Lane 3

Insured:

Policy No.

Claims No.

Sum Insured:

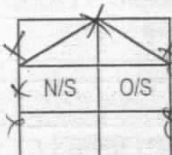
Excess:

(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

mp²

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBN 4881A

Yr Regn:

2018, Oct

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

Truck / Trailer or

Make:

Honda CBR90

c.c

184

Colour:

multi

A/C: Insured / Std / NI / NA

Sp. Reading

8782

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LWBM C46935.131770

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:

110 / 70 R17

R:

140 / 70 R17

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

TOYO / YOKO or

CS

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

24/7/190 430p

Survey held at

HKL Lim.

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format:

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

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

S + RS, \$

Photos

Others

TOTAL