

15/5/2010

INS. CASE OWNER:

CC 4 ASM
AXA1901 8667, Kgb

LKK:

IDAC:

Surveyor:

KGL

DOI:

M10/19

Date / Time :

M10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKU 5944C

Claim No. :

89monpay (143372)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

M10/19

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

SKX 6469E

INSRS:
WSP:
Tel :
Liability :
RMKS:ready
AutoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKX 6469E - X	Non-Reporting ltr (1st):	
SKU 5944C - X	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: Confirm 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 + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost S\$	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:		

ASS. REC. BY:

REF: ASM (AXA)

ASSIGNMENT

From:

Date:

22.10.2019

Estimated Cost:

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

To Inspect Vehicle No:

SKX 6569E

at Workshop m/s

Ready Auto Care

of

BK10 #03-06 AMC Autopoint-AMKAVLS

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:

8686

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6-7 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKX 6569E

Yr Regn:

12, 15

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

Truck / Trailer or

Make:

Mercedes

C.C.

1998

Colour

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

16993

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM 6 G J 1072 G 0221516

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 / Rim or

Tyre Size:

F:

R:

225/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/10/19

D.O.I.

22/10/19

Survey held at

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

Frt O/S & N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Rep. Format:

Lump Sum / L.B.C.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL