

15/5/2010

INS. CASE OWNER:

Yvonne

CC 4 ASM
AXA1901

8798, 11/10/09

LKK:

IDAC:

Surveyor:

marwls

DOI:

ASSIGNMENT

27/10/09

Date / Time :

27/10/09

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLS 3904E

Claim No. :

Sgmu n4EJ. 143566

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

14/10/09

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

SJS 70914

INSRS:
WSP:
Tel :
Liability :
RMKS:pro fi
AnomotevINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJS 70914 - X

SLS 3904E - X

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

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:

ASN (AXA)

ASSIGNMENT

From:

Date: 23.10.2019

Estimated Cost:

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

To Inspect Vehicle No:

555 70914

at Workshop m/s

Profi Automotive

of 10 km: Bupa Road 2 #01-03

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh: Akr 11.00 a.m

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

34k.

IDAC Accident Rpt:

Consistent? : Yes or No

G/A / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

50 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

imp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

555 70914

Yr Regn:

8,09

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

Truck / Trailer or

CA /

Make:

Toyota wish

C.C.

1797

Colour

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

108466

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

26E200017437

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:

205/55 R16

R:

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

TOYO / YOKO or

max

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

19/10/19

D.O.I.

23/10/19

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

LTA 19345 cor 27-8-2024

2/5 4000

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B.I. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$

) S + RS. SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

) TOTAL

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL