

15/5/2010

INS. CASE OWNER:

stacy | CC 4 KSM AXA1901 8900, 4 g23

LKK:

IDAC:

Surveyor:

mrmw

DOI:

ASSIGNMENT

24/10/19

Date / Time :

24/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLM 720

Claim No. :

Samo 246F 142860

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

22/10/19

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

SJX 549P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Exclusive



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SJX 549P - 1	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:	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: marcus

REF:

ASm (AXA)

ASSIGNMENT

From:

Date: 24.10.2019

Estimated Cost:

OD: TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SJX 549Pat Workshop m/s Exclusive Enterpriseof 8 kati BUKA DVE 4 7103-50

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.P.C. (\$)

☐

Preli. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orThe U/C Chassis frame / Body Structure affected due to collision.Yr Regn: 145/10c.c 1497A/C: Insured / Std / NI / NAT/Radio: Insured / Std / NI / NAMR053HY/932560400135/50 R16

R:

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages:

The

U/C

Chassis frame

Body Structure

affected due to collision.