

15/5/2010

INS. CASE OWNER:

Kitty

CC 4 NEW AXA1901 9064, H 903

LKK:

IDAC:

Surveyor:

H. Ann

DOI:

ASSIGNMENT

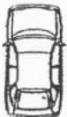
24/10/19

Date / Time :

24/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 595 32895

Claim No. : 59504411 14 4131

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/10/19

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

595 32895

SMA 9899X

59504411

SMA 69995



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

500n

500n

4P



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE/ PIC
595 32895 - X	Non-Reporting ltr (1st):	
595 32895 - 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:	
PRELIMINARY ADVICE Date/Time:	Sent 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 CAXA

ASSIGNMENT

LV = Extinct.

From:

Date:

29.10.2019

Estimated Cost:

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

To Inspect Vehicle No:

SMA 9859X

at Workshop m/s

Soon San Motor

of

Blk 3006 Ubi Road / #01-390

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

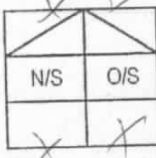
(Client's Record)

Make of Veh:

Cecilia case

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

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:

Veh No:

SMA 9859X

Yr Regn:

21/04/17

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

Truck / Trailer or

Make:

Kia Carens

c.c

1685

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

153874

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAHU 815 UH. 7173752

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:

225/50/R17

R:

225/50/R17

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

TOYO / YOKO or

Fet and Rur (Yoko)

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

24/10/17

D.O.I.

24/10/17

Survey held at

Soon San Motor

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

SMA 9859X

do limit

lv Extinct

* workshop require van to p/p repair

* in charge person = Vincent

90047468

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B. / %

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL