

15/5/2010

INS. CASE OWNER:

Kiffu

CC 4 ASu
AXA1901

a176, Q963

LKK:

IDAC:

Surveyor:

Sunfin

DOI:

20/10/11

Date / Time:

30/10/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 64382

Claim No.:

S9monez1/44606

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

20/10/11

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

SLC 6613M



INSRS:

WSP:

Tel:

Liability:

RMKS:

vmmqtr
rain
car

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SLC 6613M-1	Non-Reporting ltr (1st):	
SLC 64382-1	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: Sun PinREF: ASM (AXA)

ASSIGNMENT

From: _____ Date: 30.10.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLZ 6613Mat Workshop m/s Ver mogen Aceof 60 Jalan Lam Huat # 03-35/36

Insured: _____

Policy No. _____

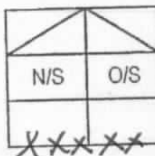
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Charlie 91288559

(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 "ny"

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLZ 6613M Yr Regn: 15/May/2018Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra 1.6 C.C. _____Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 17147 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJ4685939Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 25/10/2014 D.O.I. 30/10/2019Survey held at Ver mogen.

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

MV: 59k

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.R. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL