

TAN Jas
6568804844

CC4/ASM19022518/Kpa3

LKK:
IDAC: 152859

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

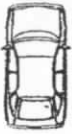
KENNETH

DOI: 24/12/2019

Date / Time: 23/12/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGX 9071B

Claim No. : S9M02AYH

Name of Insured : SIM TIOK YENG

Policy No. : GA260720

Insured Tel No. : HP: +65-93556666

Make / Model : HONDA CIVIC

Excess Sec II :S\$

D.O.A : 21/12/2019 11:50

Place of Accident : BUANGKOK ENTERING KPE

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

SMJ 2024L

INSRS:
WSP: JP CONCEPTZ
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMJ 2024L - X	SGX 9071B - 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:	
FINALIZATION Date/Time:			Confirm with:	
Repair Cost: S\$			(days) Reduction: %	
FINAL SETTLEMENT Date/Time:			Confirm with	
Final Liability: %			(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$			If NO or B 28, Ass. Lia :	
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 + LOI ☐ [Tick only one]				
GIA/LTA Search S\$				
Medical: S\$			1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$			(e.g. Tow/ Independent)	
Legal Cost S\$			2) Report Format:	
Total: S\$			3) Survey fee:	
Global Sum S\$:				
FINAL PAYMENT Date/Time:			Confirm with:	
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: 24.12.2019

Estimated Cost:

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

To Inspect Vehicle No:

SMJ 20242

at Workshop m/s

JP Concept 2

of

160 Sin ming Drw Autobay #107-07

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

ASAR 9a.m

(Policy Condition)

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

Bal. or Market Value:

867k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1. B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

my

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMJ 20242 Yr Regn: 02 19

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

Truck / Trailer or

Make:

Hyundai A Avante S.c 1591

Colour

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

10336

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM11D841CMKU865634

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

R:

205/55R16

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

TOYO / YOKO or

Kumho

Front

R/Bal.

9 mm

Rear

R/Bal.

9 mm

L/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

21/12/19

D.O.I.

24/12/19

Survey held at

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

& R

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

Date / Time

Action / Instruction

EH not ready

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

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