

15/5/2010

KHOR Saw Theng
6568804754

CC4/ASM20003237/Dpa3

LKK:
IDAC: 162143

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

BRYAN

DOI:

21/7/2020

Date / Time :

26/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 2420B

Name of Insured : CAR WISH PTE LTD

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 17/02/2020 10:20

Is driver the owner?

(YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : S0M02HC0

Policy No. : P2364588

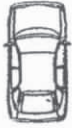
Make / Model : HONDA CITY 1.5L I-VTEC AUTO

Place of Accident : SIN MING DRIVE

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHC 8425U

INSRS:
WSP: BIFROST
Tel : AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 8425U - CC3/AIG14012968/M1ja3s2 ; 30.06.2014	Non-Reporting ltr (1st):	
NS/INC10021953/Dr1 ; 27.10.2010	Non-Reporting ltr (2nd):	
SLQ 2420B - CC4/AXA17022944/Kpa3q2 ; 30.11.2017	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:	Email ☐ Call ☐
Repair Cost: S\$	(days) Reduction: %	
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 + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost S\$		
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:

ASSIGNMENT

COE 2023 Sept

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

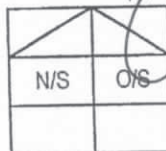
Excess:

(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:

7

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 8425u

Yr Regn:

Sept, 2015

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

Truck / Trailer or

Make:

Hyundai I40

c.c

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

434296

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4FDFU539890

C/No:

KMHLB41UMGU077328

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:

205/60 R16

R:

11

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

17/02/2020

D.O.I.

27/02/2020

Survey held at

Bijrest Sin Ming

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

O/S Rant

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

Date / Time

Action / Instruction

AXA SLQ 2420B

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.I. (\$))

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL