ASSIGNMENT

Surveyor: KENNETH	DOI: 25/03/2020	Date / Time : 25/03/2020
		Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKS 9063D	Claim No. : S0M02JR3
Name of Insured : PHANG NGIAP FONG (PANG YEFENG)	Policy No. : GA049445
Insured Tel No. : HP: 98183039	Make / Model : BMW 520 I
Excess Sec II :S$	D.O.A : 22/03/2020 18:05	Place of Accident : LENTOR AVE TOWARDS ANG MO KIO JUNCTION
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**

SMP 3165A → → _____ → _____

INSRS: WSP: Supreme Auto Service Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SMP 3165A - X	SKS 9063D - X	STAGE	DATE / PIC
		OINR. To send out first letter.	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:	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 + LOI ☐ [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: AXA /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   Supreme

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: ₵ 113k

IDAC Accident Rport: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Smp 3165A Yr Regn: 09, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or   Wagon

Make: Ty Noah (A) c.c 1797

Colour N. Black   A/C: Insured / Std / NI / NA

Sp.Reading 32748   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 · 0402840

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15
           R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal.	3 mm	R/Bal.	8 mm
L/Bal.	2 mm	L/Bal.	8 mm
D.O.A. 22/3/20		D.O.I 25/3/2020	

Survey held at _____

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
/	

Date/Time, File Pass to? ☐ : Prell. Report
                          ☐ : Final Report
1)
Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
         ☐ : Interview ($ _____)
         ☐ : Tech Invs ($ _____)
         ☐ : Weekend   ($ _____)

Survey Fee: _____

Transportation: _____

S - RS___ SI

Fundts

Others

TOTAL