

15/5/2010

INS. CASE OWNER:

CC 3 / AXA1600 2520 / K263

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

10/5/16

Date / Time:

14/7/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 86V 611M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 4/5/16

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

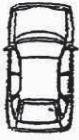
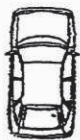
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 9209R

INSRS:
WSP:
Tel :
Liability :
RMKS:Trans
CabINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 9209R - CC3 / AXA1600 / 2520 / K263	Non-Reporting ltr (1st):	
86V 611M - CC6 / AXA1600 / 2520 / K263	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:	% Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
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)	2) Report Format:
Legal Cost	S\$	3) Survey fee:
Total:	S\$	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:

Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 1/2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S140 9209R Yr Regn: 10, 11

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

Truck / Trailer or

Make: Chevrolet Epica c.c. 1991Colour: White A/C: Insured / Std / NI / NASp. Reading: 421 763 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KU11A 69R JBB 058904Gen. 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: Pirelli 195/65R15R: Falken

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 4/2/16Survey held at ✓Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orN/S

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

Date / Time Action / Instruction

11/2 File pass to Carhony

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)