

15/3/2010

Stacey

CC6/AXA15001299/Kpa3s2-1

INS. CASE OWNER:

CC6/AXA15001299/Kpa3s2-1

LKK:
IDAC:

Re-opened Case

ASSIGNMENT

Surveyor:

Kenneth

DOI:

21/01/15

Assg Date:

21/01/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

92 14933

Claim No.:

C0328493

Name of Insured:

PACIFIC VAN & TRUCK RENTAL

Policy No.:

P1560685

Insured Tel No.:

2.000.00

HP:

Make / Model:

NISSAN CABSTAR

Excess Sec II :\$S

D.O.A.:

20/01/15

Place of Accident:

TECK WYBE LANE

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MOHAMMAD BIN HASSAN

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

Driver Tel No.:

83030137

(V/L: YES / NO Insured Liability:

% Final ? Yes / No



INSRS:

WSP: K Kim Hin

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

6/1/15
2/1/15

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SKP35154-X

92/14933-X

30/10/15

called ORO. Did not remember of the hit
TP. TP stopped at pedestrian crossing.
so he tried to give way to the right
to overtake. letter out.

28/07/2020

Pls refer to VIEWS for details.

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA:

Medical Bill:

Approval Email:

Payment Breakdown Form:

Others:

COPY SENT
16/12/15

\$382.15 - K Kim Hin Auto Pte Ltd

FINAL SETTLEMENT

Date: 28/07/2020

Confirm with:

Carin

Repair Cost: W/GST

\$S 256.80

Final Liability:

100

% (Agreed / Assessed)

BOLA S/N No.:

NIL

Loss of Rental:

\$S

(days)

If NO or B 28, Ass. Lia:

Loss of Use:

\$S 120.00

(\$ x days)

Format Type: WP / TP not finalise

Disbursement:

\$S 5.35

Total:

\$S 382.15

Global Sum: \$S

\$ 250

Bill to AXA

(\$350.00 - \$250.00 = \$100.00)

ASS. REC. BY:

REF:

AXI

Kenneth

ASSIGNMENT

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or NoLum Sum: 161 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKP 35154 Yr Regn: 09, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Jazz C.C. 1318Colour: M-Silver A/C: Insured / Std / NI / NASp. Reading: 15237 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMGK 38501 200202Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/85R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 20/1/15 D.O.I. 21/1/15

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear o/s

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

Date / Time	Action / Instruction
	<u>8/2/02</u>
	<u>PIP\$240, 1 day</u>
	<u>Red L & 80.00, 25%</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

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

Photos

Others

Report Format :

Lum Sum / I.R. / R.