

15/5/2010

INS. CASE OWNER:

Peter

CS3

CCT / AXA1801

9412, Dapa3

LKK:

IDAC:

Surveyor:

Bryan

DOI:

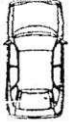
ASSIGNMENT

Date / Time:

25/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GT 30 A

Name of Insured:

Bryan Hwang Lim

Insured Tel No.:

HP:

Excess Sec II : \$

D.O.A.:

25/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

WY HWEI PH

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

88060601 / 77771

Policy No.:

94121466

Make / Model:

MCSM

Place of Accident:

115 TMS HMK

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

Insured Liability:

%

Final ? Yes / No

54B 84092

INSRS:
WSP:
Tel:
Liability:
RMKS:

Em-2

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
25/10/18	Non-Reporting ltr (1st):	
25/10/18	Non-Reporting ltr (2nd):	
25/10/18	Non-Reporting ltr (Final):	
25/10/18	Notification ltr (if non-pickup):	
25/10/18	Call OI:	815/19
25/10/18	After call ltr to OI:	11/10/18
815/19	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:	
	I.O.D:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	\$	
Loss of Rental (LOR):	\$	(days)
Loss of Use (LOU):	\$	(S x days)
Loss of Income (LOI):	\$	(S x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	\$	(e.g. Tow/ Independent)
Legal Cost	\$	
Total:	\$	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$	Name 1:
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 28, Ass. Lia: 100

C&D involved in 3C-1
C&D is the last veh.

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASSIGNMENT

COE Jan 2021

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. _____

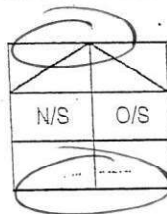
Claims No. _____

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 Report _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: SGB 84095 Yr Regn: Jan / 1996Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Civic SIR C.O. 1596Colour: White A/C: Insured / Std / NI / NASp. Reading: 9219 T/Radio: Insured / Std / NI / NAEng/No: B16A51000182C/No: JHMEK46500S002022Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/R / STD A/Rim orTyre Size: F: 195/55 R15R: — 11 —BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or Bridgestone

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 23/10/2018 D.O.I. 25/10/2018Survey held at EM-1 sin king

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

Front by Rear

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

Date / Time	Action / Instruction
	<u>AXA GT30A</u>
	<u>only first survey. No dismantle No after</u>
	<u>MV 23K</u>
	<u>LTA 12.4K</u>
	<u>HL 10.6K</u>
	<u>Repair Range \$7500 - \$8500.00</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 (\$ _____)

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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