

15/5/2010

INS. CASE OWNER:

Peter

CCY / AXA1801

LKK:

IDAC:

Bryan

## ASSIGNMENT

DOI:

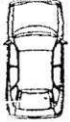
Date / Time :

25/10/18

Registered in Merimen:

Paper Survey

Pre-assign / CCU / FTE



Insured Vehicle No. :

GT 30 A

Claim No. :

880010FL / 77771

Name of Insured :

Bryan Hwang Lim

Policy No. :

90761466

Insured Tel No. :

HP:

Make / Model :

MCSM

Excess Sec II : \$S

D.O.A. :

27/10/18

Place of Accident :

115 Tms Hmk.

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

WY HWEI PH

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

Driver Tel No. :

(V/L: YES / NO)

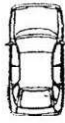
Insured Liability : %

Final ? Yes / No

90761466

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Em-1

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

Date/ Time		STAGE	DATE / PIC
27/10/18	90761466-4	Non-Reporting ltr (1st):	
27/10/18	GT 30 A-4	Non-Reporting ltr (2nd):	
27/10/18	James Hwang	Non-Reporting ltr (Final):	
27/10/18	claim	Notification ltr (if non-pickup):	
27/10/18	claim	Call OI:	7/8/15/19
27/10/18	claim	After call ltr to OI:	11/10/18
8/15/19	Confirm accident details. inform TP claim. letter send out	Documentation Check List:	Handler Typist
8/15/19	Pending Survey.	Notification ltr (if non-pickup)	<input type="checkbox"/>
8/15/19		After call ltr to OI:	<input type="checkbox"/>
8/15/19		Authorisation To Act:	<input type="checkbox"/>
8/15/19		Release Voucher:	<input type="checkbox"/>
8/15/19		Final Repair Bill:	<input type="checkbox"/>
8/15/19		Car Rental Invoice:	<input type="checkbox"/>
8/15/19		Towing Invoice:	<input type="checkbox"/>
8/15/19		LTA / GIA :	<input type="checkbox"/>
8/15/19		Medical Bill:	<input type="checkbox"/>
8/15/19		PIR:	<input type="checkbox"/>
8/15/19		Mandate/Reject Instruction:	<input type="checkbox"/>
8/15/19		I.O.D	<input type="checkbox"/>
8/15/19		Payment Breakdown Form:	<input type="checkbox"/>
8/15/19		Post-Repair Photos:	<input type="checkbox"/>
8/15/19		Others:	<input type="checkbox"/>
30/09/2020	Pls refer to VIEWS for details.		

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:
<b>FINALIZATION</b>		Date/Time:	Confirm with:
Repair Cost:	\$S	( days) Reduction:	%
<b>FINAL SETTLEMENT</b>		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	28
Repair Cost:	\$S		
Loss of Rental (LOR):	\$S	( days)	
Loss of Use (LOU):	\$S	(S x days)	
Loss of Income (LOI):	\$S	(S x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent )	
Legal Cost	\$S		
Total:	\$S	Global Sum \$S:	
<b>FINAL PAYMENT</b>		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:	

1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: Paper Survey  
 3) Survey fee: \$150.00

CRD involved in 3C-1  
 CRD is the last veh.

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. \_\_\_\_\_

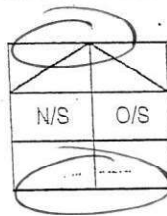
Claims No. \_\_\_\_\_

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 10 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 Ming

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

AXA GT30Aonly first survey. No dismantle No afterMV 23KLTA 12.4KNL 10.6KRepair Range \$7500 - \$8500.00L/sum \$7,650.00 (Red \$10,485.28// 58%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

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

Photos

Others

TOTAL