15/5/2010

INS. CASE OWNER: | CC **4**/AXA1601 **3 600 , K1 y63** | LKK:
IDAC:

ASSIGNMENT

Surveyor: **kalvin**   DOI: **7/7/16**   Date / Time : **28/7/16**
Registered in Merimen: **28/7/16**

Pre-assign / CCU / FTE

PC 30 MP
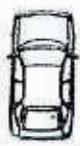
Insured Vehicle No. :	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : **20/7/16**	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :

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**

SHC 4677K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : **SMRT**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC4677K - N5/INS 1601090K F [V6d, 007-10/6/16	Non-Reporting ltr (1st):	
	PC 30 MP - X	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:		☐

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: ☐ ☐
Others: ☐ ☐

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: Kalvin   REF:

ASSIGNMENT

From:	Date: 22/7/16	Veh No: SHCX677K	Yr Regn: 4 Mar 2015

Estimated Cost: _____

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

To Inspect Vehicle No: SHCX677K

at Workshop m/s Suptih tv

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 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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

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

Make: Toyota Prius   c.c 1748

Colour: Maroon   A/C: **Insured** / Std / NI / NA

Sp.Reading: 20138?   T/Radio: **Insured** / Std / NI / NA

Eng/No: _____

C/No: JTDKN364 90575 9/x2

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or _____

Brake: **Inorder** / Jammed / Leaked / Burnt or _____

Modi : **Nil** / S/Rim / STD A/Rim or _____

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

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

Front		Rear	
R/Bal. 7	mm	R/Bal. 4	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 20/7/16		D.O.I. 22/7/16 week	
Survey held at		Suptily	

Des. of Damages : Frt / **Rear** / **O/S** / **N/S** / U/C / Rooftop or
N/s Front

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

N/S	O/S

Date / Time	Action / Instruction	
	AXA	TAX/07/16/2193
		LKK
		AXA / PC 3021P

Date/Time, File **Pass** to?   ☐ : **Preli. Report**

1) _____

☐ : **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	