15/5/2010

INS. CASE OWNER: TE

~~CC4/AXA180 16868 / Ara3~~ CC4/AXA16016868/Ara3q2-1

LKK:
IDAC:

ASSIGNMENT

Surveyor: ADNAN   DOI: 07/09/16   Date / Time : 6/9/16

Registered in Merimen: 6/9/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	SDA7954Z	Claim No. :	C039881O
Name of Insured :		Policy No. :	GA040603
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 5/9/16	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. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SKV3380L → ______ → ______ → ______

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

Date/ Time	
	SKV3380L - X ; SDA7954Z - X
	To obtain TP video.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
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:	Confirm by:
Repair Cost: L/SUM	S$ 3,200.00 (4 days)	Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/11/2021	Confirm with SUKYI	Email ☑ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 3,424.00	S$ 1,712.00		
Loss of Rental (LOR): 540.00	S$ 270.00 (3 days)	x $180.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑	LOU only ☐ LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 5.35		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: 100.00
Total:	**S$** 1,987.35	**Global Sum S$:**	350.00 - 250.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,987.35	Name 1: New Hock Teck Motor Workshop	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08 [illegible])

ASS. REC. BY: Adrian Ling

REF:

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 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: _____

Veh No: SKV 3380L Yr Regn: 2015 Sept

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

Truck / Trailer or _____

Make: Toyota Camry c.c 2494

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

Sp.Reading 24188 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: MR053AK500400934.

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: 215/55R17.

R: 215/55R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	07/09/16

Survey held at NHT

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

Front N/S

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

Date / Time	Action / Instruction
	TP AXA.

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 ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	