

15/5/2010

INS. CASE OWNER:

CC 3/III1600

6265 / K263

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Kenneth

DOI:

8/4/16

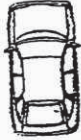
Date / Time:

6/4/16

Registered in Merimen:

6/4/16

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 42244

Name of Insured :

Insured Tel No. : HP: 3/4/16

Excess Sec II : SS

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. :

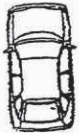
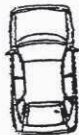
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

INSRS: 12123  
WSP: cab  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	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:

Email ☐ Call ☐

Repair Cost:

S\$

( days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

If NO or B 28, Ass. Lia :

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

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\$

(e.g. Tow/ Independent)

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:



ASS. REC. BY:

REF: TE /**ASSIGNMENT**

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

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 Rpt: \_\_\_\_\_

Consistent? : **Yes** or **No**

GIA / PR Seen: \_\_\_\_\_

Consistent? : **Yes** or **No**Est. Repairs: 08 daysRes.: **Yes** or **No**Lum Sum: 20 %3 Val.: **Yes** or **No****CA / REV / REP. / 24 HRS**Vehicle: **IN / OUT**

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Veh No: SIB 7821RYr Regn: 12, 12Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or \_\_\_\_\_

Make: ChevroletEpicac.c. 1991Colour White / RedA/C: **Insured / Std / NI / NA**Sp. Reading 361876T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_

C/No: KLILA69RJB 109260Gen. 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:** 195/65R15**R:** \_\_\_\_\_**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or Falken**Front**R/Bal. 7 mmL/Bal. 7 mmD.O.A. 3/4/16**Rear**R/Bal. 8 mmL/Bal. 8 mmD.O.I. 4/4/16Survey held at ✓Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or \_\_\_\_\_The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction

4/4 GIA & EN not ready6/4 File pass to Cathrine

Date/Time, File Pass to?

1)

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