

15/5/2010

CC 3/1111602 0119, Kuba

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

7/10/16

Date / Time:

21/10/14

Registered in Meritum:

24/10/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKA 628K

Name of Insured:

Insured Tel No.:

HP:

D.O.A: 13/10/16

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final ? Yes / No

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

SHD 3774



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
Cab

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:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:		(days) Reduction: %	Email ☐ Call ☐
Repair Cost:	S\$			Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:		(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Final Liability:	%			
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ (Tick only one)				
GIA/LTA Search	S\$			1) Claim status: Normal/Reject/Private Settle
Medical:	S\$		(e.g. Tow/ Independent)	2) Report Format:
Disbursement:	S\$			3) Survey fee:
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:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	

ASS. REC. BY:

REF: TH**ASSIGNMENT**Kenneth

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cob

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 16 days

Res.: Yes or No

Lum Sum: 1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SIAD 3777Yr Regn: 05, 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Renault Latitudec.c. 1995Colour White/Red

A/C: Insured / Std / NI / NA

Sp. Reading _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC 782780Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 13/10/16

Survey held at _____

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

O/S Rr, Frt wheel cracked

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

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 21/10/16

Date / Time

Action / Instruction

21/10Battery flat24/10File pass to Catherine

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. \$ _____

Photos _____

Others _____

TOTAL