

INS. CASE OWNER:

John Wilson | CC 4 / LCR170 22281, Kwa3

Surveyor:

lcs

DOI:

ASSIGNMENT

22/11/17

Date / Time :

21/11/17

Registered in Merimen:

22/11/17

Pre-assign / CCU / FTE

SLK 8951 C



Insured Vehicle No. :

Claim No. :

5893 7310486

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 20/11/17

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

64 1143 A



INSRS:

WSP: Supreme Auto

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	64 1143 A, x ; SLK 8951 C, x		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:	☐
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
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:		

REF: ALN

ASSIGNMENT

From _____ Date 20-11-2017

Estimated Cost: _____

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

To inspect Vehicle No: GY 1143Aat Workshop m/s Supreme Autoof sin ming

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: 8166

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. GY 1143A Yr Regn: 01 05Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: NIS Urban C.C. 2953Colour: Silver A/C Insured / Std / NI / NASp. Reading: 480200 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MG4825-80 712432Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15 X8

R: _____

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal. 7 mmR/Bal. 2 mmL/Bal. 7 mmL/Bal. 2 mmD.O.A. 20/11/17D.O.I. 22/11/17Survey held at ✓

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

O/S / R / L

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

Date / Time Action / Instruction

23/11 File pass to Carhorne

Date/Time: File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

V.L.S + P.S. (\$)

Phone:

Other:

TOTAL

Add Fee: ☐ Site Insp \$☐ Interview \$☐ Tech. Insp \$☐ Weekend \$

Report Format:

Lump Sum / I.B.I. (\$)