

15/5/2010

CC 6 / III1702

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

Marius

DOI:

27/10/17

Date / Time :

27/11/17

Registered in Merimen:

27/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 86915

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

27/11/17

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

88V 16379



INSRS:

WSP:

Tel :

Liability :

RMKS:

NPH



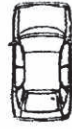
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

88V 16379 - X

SHC 86915 - NPH / WSP / LIA / RMKS : 18/11/17

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 by:

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Surveyor *marcus*

111/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SVV 16374*

at Workshop m/s *NPH*

of _____

Insured: *SHC 86915*

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: *22/c*

IDAG Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: *2* Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

7086C
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SVV 16374* Yr Regn: *1 1 10*

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

Truck / Trailer or *(n)*

Make: *Chervrolet cruze* c.c. *1598*

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

Sp. Reading: *132/59* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *KL1JA6961AK565463*

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

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

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

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

Tyre Size: F: *225/402R18*

R: _____

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

TOYO / YOKO or *Kumho*

Front *6* mm Rear *6* mm

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. *27/11/17* D.O.I. *27/11/17*

Survey held at _____

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

N/S R/R

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

Date / Time Action / Instruction

27A/11/279 Rep Sh. nett 10721

Date/Time, File Pass to?

☐ : Preli. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$) \$ + RS \$ SI

☐ : Interview (\$) Photos

☐ : Tech. Invs (\$) Others

☐ : Weekend (\$)

Report Format : _____

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

TOTAL