

INS. CASE OWNER:

CC3 / III170 22713, Kpa3

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

28/11/17

Date / Time :

28/11/17

Registered in Merimen:

29/11/17

Pre-assign / CCU / FTE

SHC 3432 G



Insured Vehicle No. : SHC 3432 G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 28/11/17

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

SHD 973 B



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	
SHD 973 B - Cuz/ACH 701730 / Kpa3; DOA: 8/9/17 - C3/AXA 140 2280 / Kpa3; DOA: 5/12/14 - C3/PC 140 19143 / Kpa3; DOA: 19/15/14	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\$ _____	1) Claim status: Normal/Reject/Private Settle		
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format:		
Legal Cost S\$ _____	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: _____			

ASS. REC. BY:

REF: THKennethASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cch

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: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 9713B Yr Regn: 12, 13

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

Truck / Trailer or

Make: Premant 10+10 cc 1995Colour M. White 1R A/C: Insured / Std / NI / NASp. Reading 542206 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL 15AUC 276043Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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 Falken

Front

Rear

R/Bal. 7 mmR/Bal. 8 mmL/Bal. 7 mmL/Bal. 8 mmD.O.A. 25/11/17D.O.I. 28/11/17Survey held at ✓

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

N/S Rear body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

28/11/17 Frk pass to Corbett
↳ 61 km @ 700h

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Report Format : _____

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