

INS. CASE OWNER:

CC 6/LPC17022806 1 Aya3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

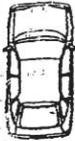
DOI:

29/11/17

Date / Time :

29/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SDZ 91C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 29/11/17

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

SGD 70T



INSRS: WSP: Sim Hwee
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SGD 70T - X ; SDZ 91C - CC6/LPC17022806/K2261K2 DON 02/02/12	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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)		
LOU only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGD70T. Yr Regn: 2008 July.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Civic C.C. 1595Colour: White A/C: Insured / Std / NI / NASp. Reading: 151499 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMFV46208S201962Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 205/55R16R: 205/55R16BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 29/11/17.Survey held at Sin Hwee.

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

Rear n/s.

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

Date / Time

Action / Instruction

TP Lon Pac.

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:

Add Fee: : Site Insp (\$) _____ S - RS _____ SI : Interview (\$) _____ Photos : Tech. Invs (\$) _____ Others : Weekend (\$) _____

Report Format : _____

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

TOTAL