

INS. CASE OWNER:

my gary

CC 4 / LCR170 22822, Awa3

LKK:

IDAC:

Surveyor:

AOPAN

DOI:

ASSIGNMENT

30/11/17

Date / Time :

29/11/17

Registered in Merimen:

30/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 4694X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 24-11-17

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

SDS 713D

INSRS:
WSP: *Crise*
Tel : *Autocare.*
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDS 713D - CC4/A161 4005609/P(a)w2 : DOA=21/3/14	Non-Reporting ltr (1st):	
	SLK 4694X - CC4/QBE1701 0616/Tka3n2 : DOA=27/5/17	Non-Reporting ltr (2nd):	
	- MA/CT117016175/r3 : DOA=19/8/17	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:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days)	Reduction: %
		Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Surveyor:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDS713D. Yr Regn: 2012 March.

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

Truck / Trailer or

Make: Toyota Alphard c.c 2362

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 275241 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50R18

R: 235/50R18

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

TOYO / YOKO or

Continental.

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 30/11/17.

Survey held at Cruise Autocare.

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

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

Date / Time Action / Instruction

TP ALG.

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:

\$ + RS. \$ SI

Photos

Others

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Report Format:

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

TOTAL