

15/5/2010

INS. CASE OWNER:

CC 6 / DAI1702 3026 1 Uka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI:

05/12/17

Date / Time:

05/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SJS 9447S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 03/12/17

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

SJS 9447SMCN 306SSLG 1431DSTW 5337GOI
INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP: Fastech Auto
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
MCN 306S - X	Non-Reporting ltr (1st):	
SJS 9447S - CC7/AIG11021905/Kpupl DUA: 22/01/18	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: _____		
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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	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: _____		

Bureau

REF:

DAI/

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

Date / Time

Action / Instruction

9864 2016.

Exhaust repair

Date/Time. File Pass to?

ti

Date/Time. File Return to?

ti

Report Format :

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

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ Site Insp : \$
☐ Intern. Exam : \$
☐ Tech. Insp : \$
☐ Rep. Insp : \$

Survey Fee

Transportation

Phone

Phone

Phone

Veh No

MCN 3065

Yr Regn:

6 14

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

Truck / Trailer or

CA

Make

Toyota Avanza

201485

Colour

White

A/C

Insured / Std / NI / NA

Sp. Reading

101471

T/Radio: Insured / Std / NI / NA

Eng/No:

M Hk m 1 C B 3 M o k 0 0 9 6 9 ;

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 / 60 R 15

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

3/12/17

D.O.I.

5/12/17

Survey held at

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

Rear. & Lf.

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