

INS. CASE OWNER:

CC 6 / AIG170 23428, Ula3

LKK:

IDAC:

Surveyor:

M. K. S.

DOI:

ASSIGNMENT

11-12-17

Date / Time :

11-12-17

Registered in Merimen:

11-12-17

Pre-assign / CCU / FTE

G88 56720



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 8/1/17

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

SUN 202K



INSRS:

WSP: Regasus

Tel :

Liability :

RMKS:



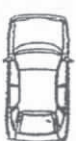
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SUN 202K - X; G88 56720 - X

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:

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\$

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*

A16/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SLN 2102K*at Workshop m/s *PISOSUS*of *ABE 5672C*

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

G/A / PR Seen: *1* Consistent? : Yes or NoEst. Repairs: *3* days Res.: Yes or NoLum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

7200h

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SLN 2102K* Yr Regn: *4, 17*Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or *CA /*Make: *Mercedes* 3 C.C. *1496*Colour: *Grey* A/C: Insured / Std / NI / NASp. Reading: *49486* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JM 63N 22A84/0150945*Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Order / Jammed / Leaked / Burnt orBrake: ☒ Order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: *205/60R16*

R: _____

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

☒ TOYO / YOKO or

Front

Rear

R/Bal. *7* mm R/Bal. *7* mmL/Bal. *7* mm L/Bal. *7* mmD.O.A. *8/12/17* D.O.I. *11/12/17*

Survey held at _____

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

N/S Rear

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

Date / Time

Action / Instruction

*SLM 974) sc. 11a**11/1/17 conf. end 4/5 @ 1900 with Sam.*

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weeken (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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