

INS. CASE OWNER:

CC 6 / III170

23439, Uwa3

LKK:

IDAC:

Surveyor:

Marvus

DOI:

ASSIGNMENT

11/12/17

Date / Time:

Registered in Merimen:

11/12/17
11/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT39392

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 8/12/17

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

SKE 18538

INSRS:
WSP: Choo motor
Tel : 19376
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKE 18538 X; SJT39392 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:

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\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost: S\$

1) Claim status: Normal/Reject/Private Settle

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:

Surveys *NR (CA)*

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKE 1835
 at Workshop m/s: Choo notor
 of _____
 Insured: STT 39398
 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: 44.1k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: 2 Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

19376

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKE 1835 Yr Regn: 2 12
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA1
 Make: Hyundai Elantra 1591
 Colour: Silver A/C: _____ Insured / Std / NI / NA
 Sp. Reading: 74028 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH1DH41CMCU423423
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.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
Rear n/s & 4 o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

next 12087

LTA 31913

have GIA only.

Date/Time File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee

Transportation

Date/Time File Return to?

) 18 - RS 18 \$

2)

Add Fee: ☐ : Site Insp \$

) Photos

☐ : Interview \$

) Other

☐ : Tech. Invs \$☐ : Weekend \$

TOTAL

Report Format :

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