

INS. CASE OWNER: Ming YaoCC 6/AIG17023948 / Uka3

LKK:

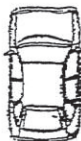
IDAC:

ASSIGNMENTSurveyor: MARCUS

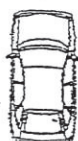
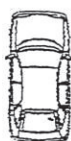
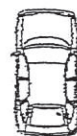
DOI: _____

Date / Time: 18/12/17Registered in Merimen: 18/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLR 9760TName of Insured : CHUN JIAK LUIInsured Tel No. : _____ HP: 9822 7464Excess Sec II : S\$ _____ D.O.A: 15/12/17Is driver the owner? (YES / NG) Nature of Accident : _____If NO, Driver Name / Age : JONATHAN FOO JIA HAODriver Tel No. : 9822 7464 (V/L: YES / NO)Claim No. : 5173562564SGPolicy No. : 1700046817Make / Model : AUDI A3 SEDAN 1.0 TFSIPlace of Accident : ALONG PIE (TMS) NEAR ADAM EXITOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHB 2244USLR 9760TOIINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:SJT 7275GTPINSRS:
WSP: Kim Chwee
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time

SJT 7275G - NA/ENCIS020717/14 DOA: 04/12/15
SLR 9760T - 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:	%
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:		

Synthetic *Marcus*

REF:

A16/

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

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

have G.A. clty.

27A 7553

net 4907

Veh No

SJ72756

Yr Regn:

9 08

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

Truck / Trailer or *CA/*

Make:

Subaru impreza SD cc 1498

Colour

Red

A/C

Insured / Std / NI / NA

Sp. Reading

126164

T. Radio

Insured / Std / NI / NA

Eng. No:

C/No:

J FIGH3KS 586 018122

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:

R:

205/55R16

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

100 - 150

Photos

Others

TOTAL

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Tech. Insp. \$

☐

Weekend \$

Report Format :

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