

15/5/2010

CC 3 /AIG1702 2995, Kpa

LKK:

IDAC:

INS. CASE OWNER:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

18/12/19

Date / Time:

Registered in Merimen:

18/12/19
19/12/19

Pre-assign / CCU / FTE

SLQ 30840

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 7779B

INSRS:

WSP:

Tel:

Liability:

RMKS:

TRANS
CAB

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHB 7779B - 18/12/19 [Fenneth 2019. 10/5/19]
SLQ 30840 - 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:

REALIZATION

Date/Time:

Confirm with:

Confirm by:

Email ☐ Call ☐

Repair Cost:

S\$

(

days)

Reduction:

%

GLOBAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Global Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

(

days)

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\$:

Email ☐ Call ☐

GLOBAL PAYMENT

Date/Time:

Confirm with:

Page 1:

S\$

Name 1:

Page 2: (Strike if N.A.)

S\$

Name 2:

Page 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF:

A/G/

Kenneth

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:

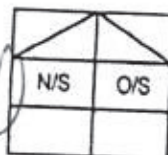
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S14B 7739B

Yr Regn:

08, 12

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

Truck / Trailer or

Make:

Chevrolet Epica

C.C.

1991

Colour:

White 1st

A/C:

Insured / Std / NI / NA

Sp. Reading

845766

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL11A69RTB13 108915

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:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Giti

Front

R/Bal.

7

mm

Rear

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

10/12/17

D.O.I.

18/12/17

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

19/12

File pass to Customer
21 Rm B2700

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:

S + RS. \$

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

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

TOTAL