

INS. CASE OWNER:

CC 4 / AIG170 24100, R1ka3

LKK:

IDAC:

Surveyor:

APML

DOI:

ASSIGNMENT

19/12/17

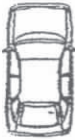
Date / Time:

19/12/17

Registered in Merimen:

20/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SGN 3827 E

Claim No. : 64

Name of Insured :

Policy No. :

Insured Tel No. : HP: 01217

Make / Model :

Excess Sec II : S\$ D.O.A : 01/12/17

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

SMB 3051 T

INSRS: town
WSP: warranty.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMB 3051 T - 08/12/17 10:17:33 / Title: MA: 02/09/17
SGN 3827 E - 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 LOR 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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(08/11/13)

Signature: Parn

REF:

a417k

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

Veh No: SM8 3051T Yr Regn: 2013 / MAYType: M.Car / M.Cycle (Bus) / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAN NL320FC227 C.C. 10518Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 290303 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA22220D7001774Gen. Cond: Good (Fair) / Poor / BurntSteering: (Order) / Jammed / Leaked / Burnt orBrake: (Order) / Jammed / Leaked / Burnt orModi: (N) / S/Rim / STD A/Rim orTyre Size: F: 275/70R22.5R: 275/70R22.5BS / DUN / EXNOVA / GY / FS / LIZA / (MK) / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 7 mm L/Bal. 8/8 mmD.O.A. 13/12/17 D.O.I. 19/12/17Survey held at TOULKA TRANSIT

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

FRONT N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos

) Others

) _____

TOTAL

Report Format : _____

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