

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1702 4121, Kuhn

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

14/11/17

Date / Time:

14/11/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.:

SLQ 1111A

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

10/11/17

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHC 5067P

INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
Cnh

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHC 5067P - X

SLQ 1111A - 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:

LIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

ALIZATION

Date/Time:

Confirm with:

Repair Cost:

S\$

(days)

Reduction:

%

Email ☐ Call ☐

AL SETTLEMENT

Date/Time:

Confirm with

Liability:

%

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

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOI only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

LTA / LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Repair Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Cost:

S\$

Global Sum S\$:

AL PAYMENT

Date/Time:

Confirm with:

Name 1:

S\$

Name 1:

Name 2: (Strike if N.A.)

S\$

Name 2:

Name 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF: 0721

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. _____

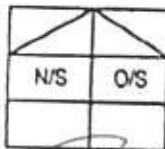
Claims No. _____

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: 02 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: SHC 507P Yr Regn: 12, 13

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

Truck / Trailer or _____

Make: Perant Latitude c.c. 1995Colour M. White / R A/C: Insured / Std / NI / NASp. Reading 594884 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-IAB215AUC 276146Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or King KongFront 8 mm Rear 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 18/12/17 D.O.I. 19/12/17

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

Action / Instruction

20/12 File pass to Catherine
21/12 3000

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

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

Survey Fee

Transportation

S + RS. \$

Photos

Others

TOTAL

Report Format :

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