

INS. CASE OWNER:

Calina CC4 / III170 24191, Pleas

LKK:
IDAC:

Surveyor:

KARVIN

DOI:

ASSIGNMENT

24/12/17

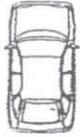
Date / Time :

24/12/17

Registered in Merimen:

24/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : XB9023E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 19/12/17

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

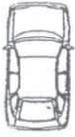
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGL 112 P



INSRS: WSP: Ethicara plu
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SGL 112P - CUB / AXA / SDD 0334 / 170392 ; BOLA 5/1/15 CC3 / ISI / SDD 297 / 149307 ; BOLA 3/6/15	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost S\$ _____	3) Survey fee:	
Total: S\$ _____ Global Sum SS: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

Surveyor Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____ 164570
 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 Rport: _____ 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: 56L112P Yr Regn: 8 Dec 2005
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: Toyota Picnic c.c. 1998
 Colour: White A/C: Insured / Std / NI / NA
 Sp Reading: 230196 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JTEGH23B X00020909
 Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or
 Brake: In order / 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / 6 / Rim or

Tyre Size: F: 205 / 60 R16
 R: _____

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

Front		Rear	
R/Bal. <u>7</u>	mm	R/Bal. <u>7</u>	mm
L/Bal. <u>7</u>	mm	L/Bal. <u>2</u>	mm
D.O.A. <u>19/12/17</u>		D.O.I. <u>21/12/17</u>	

Survey held at: Ethi-carz
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Front

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?

Days Of Repair: _____
 Resurvey No. of Trip: _____

2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

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

Survey Fee	
Transportation	
_____ \$ - RS _____ \$	
1. Photos	
2. Other	
TOTAL	