

15/5/2010

INS. CASE OWNER:

CC 4/181800 017h, KWB

LKK:

IDAC:

Surveyor:

FSC

DOI:

ASSIGNMENT

2/1/18

Date / Time:

3/1/18

Registered in Merimen:

3/1/18

Pre-assign / CCU / FTE

SFT 3021

Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

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

SFC 66787

INSRS:

WSP:

Tel:

Liability:

RMKS:

MBM

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SFC 66787 - WSP (up to 1/1/18) - 3021/18

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:

LITIGATION

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

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

G/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:

Total:

S\$

Global Sum S\$:

L PAYMENT

Date/Time:

Confirm with:

Email

Call

Package 1:

S\$

Name 1:

Package 2: (Strike if N.A.)

S\$

Name 2:

Package 3: (Strike if N.A.)

S\$

Name 3:

AIG

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SFC 6638 Jat Workshop no: MBM Wheelpowerof 160 S/m #06-02

Insured _____

Policy No. _____

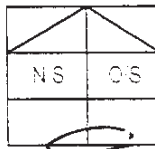
Claims No. _____

Sum Insured _____

Excess: _____

Client's Record: _____

Make of Veh _____

3/1/2018 2pm Owner Calling(Policy Condition) 3 yrsRemark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value. _____

DAO Accident Report: _____ Consistent? : Yes or No

GIA PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res: Yes or NoLump Sum: 1.31 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date _____ Person Contacted: _____ Vehicle: IN / OUT

Vehicle

SFC 6638 J Reg: 0715Type: Motor / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or _____

Make

Honda Vezel 1496

Colour

M. Maroon A/C Insured / Std / Nil / NA

Se Reading

58902 TP Radio Insured / Std / Nil / NA

Eng No: _____

C No. _____

RU 1 1019760Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder? / Jammed / Leaked / Burnt or

Brakes: Inorder? / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size

F: _____

215/60R16

R: _____

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

TOYO / YOKO or _____

Front

Rear

R.Bal. 3 mmR.Bal. 6 mmL.Bal. 3 mmL.Bal. 6 mmD.O.A. 29/12/17D.O.A. 31/1/18

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

4/1 File pass & Certificate

Date Time File Pass to

☐

Preli. Report

Date Time File Return to

☐

Final Report

Date Time File Return to

1

Report Format: _____

Lump Sum: A/B: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Lump Sum

Total

Total

Total

Total

Add Fee:

☐

State Insp: \$

☐

Mater: \$

☐

Tech: \$

☐

Total: \$

