

INS. CASE OWNER:

CC 4/ASM 1800 0326, K1pa3

LKK:

IDAC:

SMOVI

57m0068L

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

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

SHA 7383 Z



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:
Repair Cost:	S\$	(days) Reduction:
		%
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Final 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)
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\$:
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:

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 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

Date / Time _____ Action / Instruction _____

Veh No

SHA 73832

Regn

2 Apr 2015

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

Truck / Trailer or

Make

Hyundai

CC

1685

Colour

Blue

A/C

Insured / Std / NI / NA

Sp Reading

267816

Radio

Insured / Std / NI / NA

Eng/No

C/No

KMHUB414MF4067842

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SiRim / STD A/Rim or

Tyre Size F:

R:

205/60R16

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

TOYO / YOKO or

Handbook

Front

R.Bal

L.Bal

D.O.A

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

Rear

R.Bal

L.Bal

D.O.A

COHE (Long)

Rear

AXA
P/P

Date/Time File Pass to?

☐

: Preli. Report

Date/Time File Return to?

☐

: Final Report

3

Add Fee:

☐

Site Insp \$

☐

Inter. by \$

☐

Test \$

☐

Vehicle \$

Report Format :

Lump Sum / I.B.I: \$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Other

