15/5/2010

INS. CASE OWNER: CC 6 / ICS1800 1136 / Des 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 15/01/18 Date / Time: 15/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKJ 9680U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess See II :S$ D.O.A : 12/01/18 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

SDS 8110R → → →

INSRS:
WSP: Teamwork
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDS 8110R - NA/FWD1800722/24 DOA : 12/01/18
	SKJ 9680U - CS/ICS1800795/Kpd3 DOA : 12/01/18
	- NA/FWD1800722/24 DOA : 12/01/18

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: 18/01/18	Sent By: Shirley Hew	
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 ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [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 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:	

ADJUSTMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop / s:

of:

Insured:

Policy No:

Claims No:

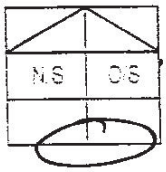
Sum Insured: Excess:

Client's Report:

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

JDAC Accident Report: Consistent? : Yes or No

BIA PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Resc. : Yes or No

Lum Sum: 20 % Salv. : Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Make: SDS 8110R Year: 2015 April

Type: (Motor) M.Cycle Bus Van Lorry Taxi Prime Mover

Truck Trailer or

Make: Toyota Harrier Yr: 1986

Colour: White A/C Insured Std N/ NA

Sp Reading: 50559 T/Pack Insured Std N/ NA

Eng No: 3ZRB512108

C No: ZSU600037936

Gen Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/65 R17

R: —11—

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

Front		Rear	
R.Bal.	8 mm	R.Bal.	8 mm
L.Bal.	5 mm	L.Bal.	5 mm

D.O.A: 12/01/2018 D/C: 15/01/2018

Survey held at: Teamwork Paya Ubi

Desc of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or

RW

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

Date	Time	Action Instructor
		BCICS SKJ 9680U

Date Time File Passed: : Preli. Report : Final Report

Date Time File Returned:

Report Format:

Lump Sum: N.Sum: $

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: Storage $ Tech $ Weekend $