15/5/2010

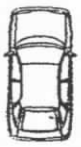
INS. CASE OWNER: CC 4 / QBE1800 1420 / FI wa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MTH DOI: 24/1/18 Date / Time : 23/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 3886K Claim No. : VC011103

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 18.01.18 Place of Accident :

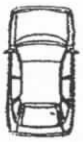
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

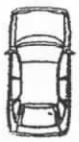
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YL 6813 Y → → →

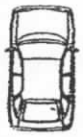
INSRS:
WSP: cys.wl
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YL 6813Y, X; YP 3886K - 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:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
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:	

Tauhith   REF: QBE

ASSIGNMENT

CoE 2019 April.
2004 April

From: Date: 24/01/18   Veh No: YL 6813Y.   Regn: 2004 April

Estimated Cost: Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

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

To inspect Vehicle No: YL 6813Y   Make: ISUZU NHR69   cc: 3059

at Workshop (m/s): CYs Automobile   Colour: Blue.   A/C: Insured / Std / Nil / NA

of: 38, Woodlands Ind. Prk E1 #07-17   Sp Reading: 266621   T/Radio: Insured / Std / Nil / NA

Insured: Eng No:

Policy No: C/No: JAANHR69E47100135

Claims No: Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or

(Clients Record)   Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: Fr: 195/R15

(Policy Condition)   R: 165/R13. (D)

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

N/S	O/S

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

Bal. or Market Value: Front   Rear

IDAC Accident Report: Consistent? Yes or No   R/Bal: 8 mm   R/Bal: 6/6 mm

GIA / PR Seen: Consistent? Yes or No   L/Bal: 8 mm   L/Bal: 6/6 mm

Est. Repairs: days   Res: Yes or No   D.O.A: D.O.I: 24/1/18 @ 11 am

Lum Sum: %   3 Val: Yes or No   Survey held at: CYS WL

CA / REV / REP. / 24 HRS 'wp'   Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Vehicle: IN / OUT

Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision

Date   Time   Action / Instruction

Date/Time File Pass to: Preli. Report   Days Of Repair:

Final Report   Resurvey No. of Trip: Survey Fee:

Date/Time File Return: Transport:

Add Fee:

Report Format:

Lump Sum / I.B: