

15/5/2010

INS. CASE OWNER:

CC 4/III180 02048 1 Kusz

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

31/01/18

Date / Time:

31/01/18

Registered in Merimen:

01/02/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 9803 L

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.: 12/12/17

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

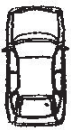
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKP 3825C



INSRS:

WSP: Auto work Cen any

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SKP 3825C-X	Non-Reporting ltr (1st):	
SHC 28026-CC3/ATG13000524/1220192 DOA: 06/01/12	Non-Reporting ltr (2nd):	
- CC3/ATG16008024/1220192 DOA: 28/04/16	Non-Reporting ltr (Final):	
- CC3/ATG13015925/1220192 DOA: 28/08/13	Notification ltr (if non-pickup):	
- CC3/ATG14017523/1220192 DOA: 11/09/14	Call OI:	
- CC4/III17049768/1220192 DOA: 13/04/17	After call ltr to OI:	
- CC6/III16022023/1220192 DOA: 02/12/16	Documentation Check List: Handler Typist	
- CS/III14000616/1220192 DOA: 04/01/14	Notification ltr (if non-pickup)	
- NS/INC12021201/1220192 DOA: 20/10/12	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\$

Disbursement:

S\$

Legal Cost

S\$

Global Sum S\$:

Total:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF: TU /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s Supreme

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: 818k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

1/2 File pass to Catherine

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S - RS, SI

Photos

Others

TOTAL

Veh No: SKP 325CYr Regn: 08, 08Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy mark Xc.c. 2499Colour: Black

AC: Insured / Std / NI / NA

Sp. Reading: 152746

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GRX120.3059042Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NI / 2Rim / STD A/Rim orTyre Size: F: 225/45R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 12/12/17D.O.I. 31/1/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FR

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