

15/5/2010

INS. CASE OWNER:

CC4/LCR18002117 1Gj53

LKK:

IDAC:

ASSIGNMENT

Surveyor:

XGA

DOI:

02/02/18

Date / Time :

01/02/18

Registered in Merimen:

02/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKU 2046P

Claim No. :

Name of Insured :

LCR

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

31/01/18

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

CB 73437

SKU 2046P

SLF 105H



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
SLF 105H - X	Non-Reporting ltr (1st):	
SKU 2046P - CC/SMA18002036/1/1/18	Non-Reporting ltr (2nd):	
- CUI/VAL16003028/02	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 + LO ☐ (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:	

Handwritten initials: **Hand**

ALG

ASSIGNMENT

Date: **2/2/18**

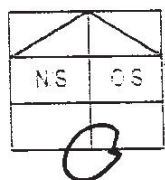
SLF105H

Estimated Cost: **OD (TP) WS / TP RES / CD RES / EVA / INV / MV**

To inspect vehicle: **SLF105H**
at Workshop: **Tong Ah Swee**
of: **Blk 2 Kranji Loop**

Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
Claims Record: **Awee Kem @ 63660286**
Make of car: _____

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



Ball or Market value: _____
DAG Accident Report: _____ Consistent? : Yes or No
G.A. PP Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res: Yes or No
Lift Surf: _____ % 3 Vain: Yes or No

CA / REV / REP. / 24 HRS **Wp**
Date: _____ Person Contacted: _____ Vehicle IN / OUT

Type: **SLF105H** (Type Bus / Van / Lorry / Taxi / Prime Mover)
Truck: _____

Make: **Honda** **vezel**
Colour: **white**
St Reading: **43233**
Eng No: _____
Ch No: **RU11115213**

Gen Cond: **Good** / Fair / Poor / Burnt
Steering: **In order** / Jammed / Leaked / Burnt or
Brake: **In order** / Jammed / Leaked / Burnt or
Mod: **Nil** / S Rim / S Rim or
Tyre Size: **215/60R16**
R: **11**

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

Front: _____ Rear: _____
R.Bal: **7** L.Bal: **7**
D.O.A: _____ D.OI: **02-02-18**
Surveyed at: **w/s** **5:30 pm**
Des. of Damages: **Fr / Rear** / OS / NIS / UO / Roof top or

The UO / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

Date Time File Pass to: ☐ Preli. Report
☐ Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ Site Fee \$
☐ Night \$
☐ Tech \$
☐ Ag \$

Survey Fee: _____
Transport: _____
Lift / Pallet: _____

Report Format: _____

Auto Sum. E: _____

