15/5/2010

INS. CASE OWNER: CC 4/ DAI18002194 1R/PS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 05/02/18 Date / Time : 02/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : FM 941U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/01/18 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**

SLG 22943 → → →

INSRS:
WSP: World Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLG 22943 - X ; FM 941U - 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 + 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:	

DAI

4597K

05/02/2018

SLG 2294B

2016 SKP

Date: 05/02/2018 — Veh No: SLG 2294B — Reg: 2016

Estimated Cost

Type: (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: SLG 2294B

at Workshop name: World Auto

at: No. 1 Kranji Loop

Insured

Policy No

Claims No

Sum Insured — Excess

Client's Record: Daniel

Make of Veh

Make: HONDA SHUTTLE 1.5 HY — cc: 1496

Colour: GREY

Sp Reading: 092064

Eng No

Ch No: GP 7104 0652

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt / or

Brakes: (In order) / Jammed / Leaked / Burnt / or

Mod: Nil / (S.Rim) / STD A/Rim / or

Tyre Size: F. 185/60R15

R. "

(Policy Condition)

Remark: The veh 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

IDAC Accident Report — Consistent? : Yes or No

G.A. / PP Seen — Consistent? : Yes or No

Est. Repairs ___ days — Res.: Yes or No

Lump Sum ___ % — 3 Vat: Yes or No

CA / REV / REP. / 24 HRS 'WP'

Vehicle IN / OUT

Date ___ Person Contacted ___

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

D.O.A.: 29/01/18 — D.O.I.: 05/02/18

Survey held at: WORLD AUTO

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

N/S FRT

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

Date / Time — Action / Instruction

Date/Time File Passed to: [ ] Preli. Report

[ ] Final Report

Date/Time File Returned to

Days Of Repair

Resurvey No. of Trip

Survey Fee

Transportation

Add Fee: [ ] S...

[ ]

[ ]

[ ]

Report Format

Lump Sum / E...