

15/5/2010

INS. CASE OWNER:

CC4/DAI18002194 1R1PS3

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 9410

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 29/01/19

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	STAGE	DATE / PIC
SLG 22943 - X ; FM 9410 - X	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: \$	(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: \$		
Loss of Rental (LOR): \$	(days)	
Loss of Use (LOU): \$	(\$ x days)	
Loss of Income (LOI): \$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$		
Medical: \$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost \$		3) Survey fee:
Total: \$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$	Name 1:	
Payee 2: (Strike if N.A.) \$	Name 2:	
Payee 3: (Strike if N.A.) \$	Name 3:	

DAI

4597K

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Estimated Cost

Type: Motor Vehicle Business Use, Taxi, Private Motor

OD: TP / WS / TP RES OD RES: EVA / IN / MY

Truck Trailer

To inspect / Vehicle at

SLG 2294B
World Auto

at Workshop / Mile

No-1 Kranji Loop

Insured

Policy No

Claims No

Sum Insured Excess

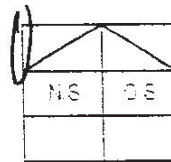
Driver's Record

Make of van

Daniel

(Policy Condition)

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



Set of Market Value

IAD Accident Report Consistent? : Yes or No

GA / PP / Ser Consistent? : Yes or No

Est. Repairs days Res: Yes or No

LMT Surp % 3 Year: Yes or No

QA / REV / REP / 24 HRS 'wp'

Date Person Contacted Vehicle IN / OUT

Make

Honda Shuttle 1.5HY 1496

Colour

Grey

St. Reading

092064

Eng No

Ch No

GP 71040652

Gen. Cond. Good Fair Poor Burnt

Steering Inorder Jammed Leaked Burnt or

Brake Inorder Jammed Leaked Burnt or

Mod Nil / S Rim STD Air Rim or

Tyre Size

185/60R15

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

TOYO / YOKO or

Front

Rear

R.Ba

5

R.Ba

5

L.Ba

5

L.Ba

5

D.O.A.

22/01/18

D.O.A.

05/02/18

Surveyed at

World Auto

Des. of Damages Fr. Rear O/S N/S U/O Roofed or

N/S Fr

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

Date Time Action Instruction

Date Time File Pass

☐ : Preli. Report
☐ : Final Report

Days Of Repair

Resurvey No. of Trip

Surve Fee

Transport

LMT Fee

Add Fee:

☐ Estimate
☐ Repair
☐ Test
☐ Road Test

Report Format

Auto Sum / B / L