

INS. CASE OWNER:

CC 6/III1800

2234, Aylb

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

2/2/18

Date / Time :

2/2/18

Registered in Merimen:

5/2/18

Pre-assign / CCU / FTE

SHC 1122P



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

31/1/18

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

SKP 944B



INSRS:

WSP:

Tel :

Liability :

RMKS:

HO
Beng

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKP 944B
SHC 1122P

2/2/18 18:00/18:00/18:00 Date: 31/1/18

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Surveyor:

ASSIGNMENT

27/10/10.

From:

Date:

Veh No:

SKF949B.

Yr Regn:

2010 / Oct.

Estimated Cost:

Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

BMW 730Li

C.C.

2996

at Workshop m/s

Colour:

Black.

A/C:

Insured / Std / NI / NA

of

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WBAK 822010CN74663.

Claims No.

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / ☒ S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

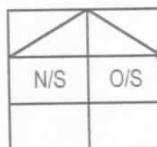
F:

245/50R18

R:

245/50R18.

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

BS / ☒ JIN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent?: Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

02/02/18.

Lum Sum:

%

3 Val.: Yes or No

Survey held at

170 Berry

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date:

Person Contacted:

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

Date / Time Action / Instruction

TP111

MV: 75K

PV: 55.3K

Nett: 19.7K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

S + RS, SI

☐

Interview (\$

Photos

☐

Tech. Invs (\$

Others

☐

Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I: (\$