

INS. CASE OWNER:

CC 4 ^{ASM} / AXA1800 ^{2/2/18} ^{R2j63}

LKK:

IDAC:

Surveyor:

Rnsul

DOI:

ASSIGNMENT

2/2/18

Date / Time :

13/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

PC 37886

Claim No. :

58M008WA (30561)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

9/2/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

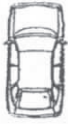
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBB 7969A

INSRS:
WSP:
Tel :
Liability :
RMKS:Cheng
KuoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

GBB 7969A - x

PC 37886 - x

Smartclaim

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:

Ref: Rane

REF: ASM

5099M

ASSIGNMENT

From: _____ Date: 22/2/18

Estimated Cost: _____

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

To Inspect Vehicle No: GBB 7969A
at Workshop mis: Cheng Auto Bodyworks
or: 5 Soon Lee Street #01-62

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record) Before 2pm

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: 24K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 1wp

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Veh No: GBB 7969A Yr Reg: 2010 MMR

Type: M/Car / M/Cycle / Bus/ Van / Levy / Taxi / Prime Mover

Truck / Trailer or

Make: NISSAN CABSTAR 3-0 CC: 2953

Colour: MULTI A/C Insured / Std / N / NA

So/Reading: 172912 T/Radio Insured / Std / N / NA

Eng No: _____

C/No: JN18C2F2420801383

Gen. Cond: Good / FAK / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15
R: 155R13C

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

Front:

R/Bal: 7 mm R/Bal: 6/6 mm

L/Bal: 7 mm L/Bal: 6/6 mm

D/OA: 09/02/18 D/OI: 22/02/18

Survey held at: CHENG AUTO

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

FRT O/S & REAR N/S

The UIC / 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: _____

Survey Fee: _____

Transportation: _____

Date/Time File Return:

Add Fee: ☐ Site Insp: \$
☐ Material: \$
☐ Technician: \$
☐ Access: \$

Report Format: _____

Lump Sum / I.B. / H.S. _____

