15/5/2010

INS. CASE OWNER: CC 6 / 1111800 2975 / TJS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKH

DOI: 14/02/13

Date / Time : 13/02/13

Registered in Merimen: 14/02/13

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4934M

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 10/02/13

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

SKU 48300 →

INSRS:
WSP: Cycle & Carriage (Tender Auditing)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKU 48300 - X SHD 4934M - CC4/III1501/6327/FZV342 DOA: 13/02/13 J-NS/INC/1621/C817/H1gh302 DOA: 22/02/13

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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: Tanjun REF: III

ASSIGNMENT

From: _____ Date: 14.03.2018

Estimated Cost: _____

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

To Inspect Vehicle No: SKU 4830D

at Workshop m/s Cycle & Carriage

of 204 Pandan Garden

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Coco

(Policy Condition) 10am Owner waiting

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

X N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No. SKU 4830D Yr Regn: 2015 July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Citroen Grand Picasso c.c 1560

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 79430 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF73A9HC8EJ651615

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	14/2/18 2015

Survey held at CSC Pandan Gdns

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

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

Date / Time	Action / Instruction

Date/Time. File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2) _____

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Insp ($ _____) ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation) __S + RS __SI

Photos

Others

TOTAL