

INS. CASE OWNER:

CC 4 / AIG1800 3526, 6 W23

LKK:

IDAC:

Surveyor:

K66

DOI:

ASSIGNMENT

23/01/18

Date / Time:

22/01/18

Registered in Merimen:

23/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SL5 2167Y

Claim No. : lrx

Name of Insured :

Policy No. :

Insured Tel No. : HP: 20/01/18

Make / Model :

Excess Sec II : SS D.O.A :

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

SLB 9212 T

INSRS: Jack Cars
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLB 9212 T - X

SL5 2167 Y - 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 + 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:

Signature Xhal

REF: ALG

ASSIGNMENT

From _____ Date: 23/2/18

Estimated Cost: _____

OD: (P) / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SLB9219T

at Workshop mis: Jack Cars

of: Blk 3007, ubi Rd 1 #01-450

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

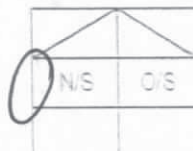
(Client's Record)

Make of Veh: _____

Thana

(Policy Condition)

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



Sal. or Market Value: _____

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 lwp

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLB9212T Regn: 27Apr 2016

Type: (C) MCycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: Nissam Note CC: 1198

Colour: Blue A/C: _____ Insured / Std / NI / NA

Std Reading: 6/29 T/Radio: _____ Insured / Std / NI / NA

Eng No: _____

C/N: INITBAE 128 098 2436

Gen Cond: (G) / Fair / Poor / Burnt

Steering: (G) / Jammed / Leaked / Burnt or

Brake: (G) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65 R15

R: 11

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

TOYO / YOKO or Continental

Front

R/Bal: 17 mm

L/Bal: 17 mm

D/O A: _____

Survey held at: w/s

Rear

R/Bal: 17 mm

L/Bal: 17 mm

D/O: 23-02-18

12pm

Des. of Damages: Fnt / Rear / O/S / (C) / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time File Pass to:

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Add Fee:

Site Insp: ☐ \$

Plan: ☐ \$

Tech: ☐ \$

_____ \$

Report Format: _____

Lump Sum / LB: _____

