15/5/2010

INS. CASE OWNER: CC 4/EQI1800 3581, S yb3n

LKK:

IDAC:

ASSIGNMENT

Surveyor: YWF DOI: 26/7/18 Date / Time : 26/7/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 1266M

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 27/07/18

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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**

GBC 3848Z → → →

INSRS:
WSP:
Tel :
Liability :
RMKS:

Trans Eurotas

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBC 3848Z-Y PC1266M-Y

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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:

Surveyor:

ASSIGNMENT

From: Date: 20/1/2012

Estimated Cost:

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

To Inspect Vehicle No: GBC 3848L Yr Regn:

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

Truck / Trailer or

at Workshop m/s Make: Nissan NV200 c.c 1461

of Colour White A/C: Insured / Std / NI / NA

Insured: Sp.Reading 18470 T/Radio: Insured / Std / NI / NA

Policy No. Eng/No:

Claims No. C/No: VSKYBAM 20H60 24902

Sum Insured: Excess: Gen. Cond: Good / Fair / Poor / Burnt

(Client's Record) Steering: In order / Jammed / Leaked / Burnt or

Make of Veh: Brake: In order / Jammed / Leaked / Burnt or

Modi : NIL / S/Rim / STD A/Rim or

Tyre Size: F: 185/70R14

R: "

(Policy Condition)

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

N/S	O/S

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

Bal. or Market Value:

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	22/2/18	D.O.I.	26/2/18

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

Survey held at Transkenekar

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time | Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL