

INS. CASE OWNER:

MORSIAN

CC4 / AIG1800

3587, K ea3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

26/2/18

Date / Time :

26/2/18

Registered in Merimen:

26/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 2879P

Claim No. : 80173 2572356

Name of Insured :

Policy No. :

Insured Tel No. : HP: 1572118

Make / Model :

Excess Sec II :SS D.O.A : 1572118

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

SJP52516

INSRS:
WSP: PC Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJP52516-X; SKN 2879P-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:

ASS. REC. BY:

REF:

A/GI

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: STP 52516 Yr Regn: 1Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Lexus 15250 c.c. 2500Colour: N. P. White A/C: Insured / Std / NI / NASp. Reading: 225072 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT14BK 28200 2092382Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/35R19R: 285/308R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 6 mmL/Bal. 5 mm L/Bal. 6 mmD.O.A. 15/2/18 D.O.I. 26/2/18

Survey held at _____

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

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

Date / Time Action / Instruction

26/2 En not ready
12 Re pers to Corwin

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____
S + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

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