

13/5/2010

INS. CASE OWNER:

CC 4/III1800483 ITIES 3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

TAUFIKH

DOI:

05/02/13

Date / Time:

02/03/13

Registered in Merimen:

05/02/13

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 7791L

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 28/02/13

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

SKE 8844M

INSRS:
WSP: Ong Auto (Goon Lw)
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
SKE 8844M - X	Non-Reporting ltr (1st):	
SH 7791L - CC2/AFG03022667/100	Non-Reporting ltr (2nd):	
22A: 14/08/08	Non-Reporting ltr (Final):	
22A: 15/08/10	Notification ltr (if non-pickup):	
22A: 24/08/12	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:

Email ☐ Call ☐

Repair Cost:

S\$

(days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

If NO or B 28, Ass. Lia:

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

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 + LOU ☐

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

Total:

S\$

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Tayfun

III

ASSIGNMENT

Date 5/3/18

SKE8544M

232 April

Estimated Cost

Type ☒ M/C, ☐ B, ☐ E, ☐ L, ☐ T, ☐ P, ☐ R, ☐ S, ☐ O

OD / TP / WS / TP RES / OD RES / EVA / INV / M /

Track Trail end

To inspect vehicle No

SKE8544M

Make

Toyota A/H

1598

at workshop No

Ding Auto

Color

Blue

Painted Std No 14

at

249 Jalan Boon Lay

So. Reading

16/230

Painted Std No 14

Insured

Eng No

Policy No

C/V

MRO53KEE104133883

Claims No

Gen. Cond. ☒ Fair ☐ Poor ☐ Burnt

Sub-insured

Excess

Steering Inorder ☒ Jammed ☐ Leaked ☐ Burnt or

Client's Record

Brake Inorder ☒ Jammed ☐ Leaked ☐ Burnt or

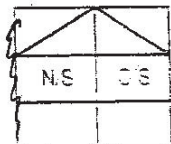
Make of Van

Mod

NH 1500 STD A/Rim or

(Policy Condition)

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



Ball or Marker Value

DAC Accident Report

Consistent? : Yes or No

G/A PP Seen

Consistent? : Yes or No

Est. Repairs

days

Real: Yes or No

Lim Sum

%

G Val: Yes or No

CA / REV / REP. / 24 HRS

1 up

Date

Person Contacted

Vehicle IN / OUT

Des. of Damages Frt Rear ☒ C/S ☒ R/S ☐ R/S

The U/C 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 Time

Est. Fee

Date Time File Return to

Transport

Add Fee:

Ste. Fee

Light

Test

Rep. Fee

Report Format

Auto Sum

