

15/5/2010

INS. CASE OWNER:

NATALIE

CC6 / III18004534 / 8453

LKK:

IDAC:

Surveyor:

Sebastian

DOI:

ASSIGNMENT

09/03/18

Date / Time:

08/02/18

Registered in Merimen:

09/03/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 2924K

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II : S\$

D.O.A.:

30/01/18

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: MUHAMMAD RAFFI 3 NAASPAW

Driver Tel No.:

(V/L: ☒ YES / NO)

Claim No.:

Policy No.:

Make / Model:

HYUNDAI SONATA

Place of Accident:

GEYLANG RD X SIMS AVE

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP: World Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
19/03/18 (THUR 7AM)	SLK 8716R - X ; SHC 2924K - X	
	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

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 + LO ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASSIGNMENT

From

Date

09/03/2018

Estimated Cost

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

To inspect Vehicle No

8LK 8716R

at Workshop may

World Auto

of

No. 1 Krunji Loop

Insured

Policy No

Claims No

Sum Insured

Excess

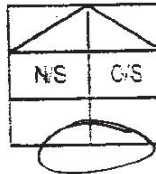
Client's Record

Vincent @ 96465780

Make of Ver

(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. Repair:

days

Res: Yes or No

Sum Sum

%

S Val: Yes or No

CA / REV / REP / 24 HRS

Wp

Date

Person Contacted

Vehicle IN / OUT

Date Time Action Instruction

Date Time File Pass to

☐

Preli. Report

Date Time File Return to

☐

Final Report

Report Format

Lump Sum / B / S

Days Of Repair

Resurvey No. of Trip

Add Fee:

☐

Site Rep: \$

☐

Travel: \$

☐

Tech: \$

☐

Fuel: \$

SLK 8716R

2/2/17.

Type: V / Car

V / Cycle / Bush / Van / Long / Taxi / Roma / Motor

Truck / Trailer

Make

Honda Vezel

1496

Color

Copper

AC Insured Sid N / NA

So Reading

123985

T-Race Insured Sid N / NA

Eng No

Ch No

R411206349

Gen Cond Good

3

Rood / Burnt

Steering: Jammed / Leaked / Burnt /

Brake

3

Jammed / Leaked / Burnt /

Mod

3

S / R / STD / A / R /

Tire Size

F: 215/60R16

Giti

R: 215/60R16

14CL-11es

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

TOYO / YOKO /

Front

Rear

R.Ba

6

mm

R.Ba

6

mm

L.Ba

6

mm

L.Ba

6

mm

C.O.A

8/3/18

C.O.

9/6/18

Surveyed at

World Auto

Des of Damages Fr

3

OS

N/S

U/O

Rood /

The U/O / Chassis frame Body Structure affected due to collision