15/5/2010

INS. CASE OWNER: _Norziah_ | CC 6, AHU18004665, Ulea3 | LKK: ___ IDAC: ___

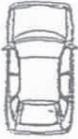Surveyor: _Marcus_ DOI: _12/3/18_ **ASSIGNMENT** Date / Time : _12/3/18_

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : _SFW 4895G_   Claim No. : _888105263356_

Name of Insured : ___   Policy No. : ___

Insured Tel No. : ___ HP: ___   Make / Model : ___

Excess Sec II :S$ ___ D.O.A: _12/21/8_   Place of Accident : ___

Is driver the owner? (YES / NO) Nature of Accident : ___
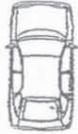
If **NO**, Driver Name / Age : ___   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : ___ (V/L: YES / NO) Insured Liability : ___ % **Final ?** Yes / No

SLQ7714X → ___ → ___ → ___ → ___

INSRS: WSP: _Pegasus_ Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLQ7714X. X; SFW 4895G. 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:		

PRELIMINARY ADVICE Date/Time: ___ Sent By: ___

Post-Repair Photos:		
Others:		

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: ___

ASSIGNMENT

From: Date: 12 03 2018

Estimated Cost:

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

To Inspect Vehicle No: SLQ 7114X

at Workshop m/s   Pegasus

of   51 Defu Lane 10

Insured:

Policy No.   SKW 48956

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

2pm

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

G/A / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: days   Res.: **Yes** or **No**

Lum Sum: %   3 Val.: **Yes** or **No**

134KN

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SLQ7714KX   Yr Regn: 7 17

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

Truck / Trailer or   CA

Make: mazda 3   c.c 1496

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

Sp.Reading 43501   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BN22A8H0152995

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi : **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

     R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 27/2/18		D.O.I. 12/3/18	

Survey held at

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

Rea

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

N/S	O/S

Date / Time	Action / Instruction

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

1)   ☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

     ☐ : Interview ($)

     ☐ : Tech. Invs ($)

     ☐ : Weekend ($)

Survey Fee:

Transportation:

) ___S + RS.___SI

) Photos

) Others

TOTAL