

15/5/2010

INS. CASE OWNER:

Norsiah

CC 6 / AIG18005279 / UKS3

LKK:

IDAC:

Surveyor:

Marcus

DOI:

ASSIGNMENT

21/02/18

Date / Time :

21/03/18

Registered in Merimen:

21/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

RM 5500P

Name of Insured :

CHAN JIAN DA

Insured Tel No. :

HP: 99691234

Excess Sec II :SS

D.O.A: 20/02/18

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

21425817459

Policy No. :

2100481056

Make / Model :

TOYOTA LEXUS - LB(A)

Place of Accident :

AYE AFT TAN BUKIT MERAH EXIT

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

RM 5500P

OR

INSRS:

WSP:

Tel :

Liability :

RMKS:



SKH 6156Y

TP

INSRS:

WSP: km chue

Tel :

Liability :

RMKS:



SHD 49765

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKH 6156Y - X

SGM 5500P - CF/AIG180016342/gw

DPA: 06/04/18

J-NA INC1001466-8/r2

DPA: 23/07/10

21/03/18 (2018)

State estimate

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:

Repair Cost:

S\$

( days) Reduction:

%

Confirm by:

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 + LO

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

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:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD (TP) / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKH 6156 Yat Workshop m/s Kin Chow

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.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Bal. or Market Value: 26

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

27/11/2022  
Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SKH 6156 Y Tr Regn: 28/12/12Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Mer 1672 C160 c.c. 1595Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 62902 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD2040312A-798419

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insider / Jammed / Leaked / Burnt orBrake: Insider / Jammed / Leaked / Burnt or

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

Tyre Size: F: \_\_\_\_\_

R: 225/45R17

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

TOYO / YOKO or continuoFront 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.A. 20/3/18 D.O.I. 21/3/18

Survey held at \_\_\_\_\_

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

Rear & Rf.

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

Date / Time Action / Instruction

27A 57906 4yrs. 9mths. net 28094 Dep 15%.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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

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