

Surveyor:

YMK

DOI:

ASSIGNMENT

26/03/18

Date / Time :

23/03/18

Registered in Merimen:

26/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8803X

Claim No. : 62

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 27/03/2018

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

5

SH 8803X

SJN 1133B

SLC 2884K



INSRS:

WSP:

Tel :

Liability :

RMKS:

07



INSRS:

WSP:

Tel :

Liability :

RMKS:

Seah Mufw

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJN 1133B - X

SH 8803X - C6/MW 14022110 / Hpa2w; DAA-23/11/18

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:

Signature

REF:

III

ASSIGNMENT

From:

Date:

26/3/18

Estimated Cost:

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

To Inspect Vehicle No:

SJN 1133B

at Workshop m/s

Seah Motor

of

Blk 2 Kranji loop #01-06

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

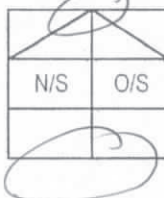
Make of Veh:

Samuel 962750901

6365 0428

(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 ^{wp}

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

26/3/18

No Estimate.

Veh No:

SJN 1133B

Yr Regn:

13/12/2013

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

Truck / Trailer or

Make:

Bmw 3161

c.c 1598

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

75513

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA 3416050NS 36117

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 225 / 50 R17

R:

"

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

TOYO / YOKO or

Pirelli.

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

22/3/18

D.O.I.

26/3/18

Survey held at

Seah Motor.

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. File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

) S + RS \$

) Photos

) Others

Report Format :

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

TOTAL