

15/5/2010

CC 3 /AIG1800 5647, Smb3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SMB 35482



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMB RT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SMB 35482 - W GAB 71444 - non / 14/11/09/10/11/12 non - 2/4/10	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:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	(days) Reduction:	%	Email ☐ Call ☐
Repair Cost:	S\$			
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\$			1) Claim status: Normal/Reject/Private Settle
Medical:	S\$			2) Report Format:
Disbursement:	S\$	(e.g. Tow/ Independent)		3) Survey fee:
Legal Cost	S\$			
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:		

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction

Veh No:

5M53548C

Yr Regn:

1/11/2014

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

Truck / Trailer or

Make:

Alexander Dennis

c.c. 8849

Colour:

white colour

A/C: Insured / Std / NI / NA

Sp. Reading:

172467

T/Radio: Insured / Std / NI / NA

Eng/No:

SF076CLRS1349L

C/No:

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: 305/70 R15

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.

21/7/2017

D.O.I.

16/5/18

Survey held at

SURT

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

Rear O/S - O/S Rear

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

Date/Time. File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS. \$1

) Photos

) Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format :

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