

INS. CASE OWNER:

cc 6, 1161800 5704, A ea3

LKK:

IDAC:

Surveyor:

ump

DOI:

ASSIGNMENT

27/3/18

Date / Time:

27/3/18

Registered in Merimen:

27/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD 7741Y

Claim No. : CX

Name of Insured :

Policy No. :

Insured Tel No. : HP: 27/3/18

Make / Model :

Excess Sec II : S\$ D.O.A : 27/3/18

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

GAA 285R



INSRS:

WSP: Premium Cars

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|--|--|
| GAA 285R - X | Non-Reporting ltr (1st): | |
| SKD 7741 Y - X | 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 <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT Date/Time: | Confirm with | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$ | Name 1: | |
| Payee 2: (Strike if N.A.) S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) S\$ | Name 3: | |

ASS. REC. BY: Adrian Ling**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.

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

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBA285R Yr Regn: 2006 / Dec

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

Truck / Trailer or Pick up.Make: Toyota Hilux Double Cab c.c. 2982Colour: Black A/C: Insured / Std / NI / NASp. Reading: 211164 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROEZ126604003877Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/65 R16R: 215/65 R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 27/03/18Survey held at Premium CarzDes. of Damages: Frt / Rear / O/S N/S / U/C / Rooftop or

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

| Date / Time | Action / Instruction |
|-------------|--|
| | <u>TPA LG.</u> <u>COE Expiry: 26/12/21</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 (\$ _____)