

INS. CASE OWNER:

Vale

CC 4, AXA 1800 5761, K W3

LKK:
IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

2/4/18

Date / Time:

26/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

GR 7233X

88M00C2N | 37137



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

24/3/18

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

915 40190



INSRS:
WSP:
Tel :
Liability :
RMKS:

UPZMTH



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
915 40190 - X	GR 7233X - 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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
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\$	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:

gm/mt/dam.
"about - virtual. pls do not finalise with tp."

ASS. REC. BY:

REF: AA/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Optims

of _____

Insured: _____

Policy No. _____

Claims No. _____

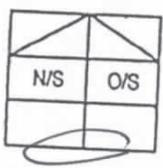
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLP 4019D Yr Regn: 09, 17

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

Make: Honda Shuttle c.c: 1496

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 10383 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GPF 1117294

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 24/3/18

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>3/4</u>	<u>Ph pass to Catherine</u>

Date/Time, File Pass to? : Prell. Report : Final Report

1) _____ Date/Time, File Return to? _____

2) _____ Report Format : _____ Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

- Add Fee: : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech. Invs (\$ _____)
- : Weekend (\$ _____)

Survey Fee:

Transportation:	_____
S + RS:	_____ \$
Photos	_____
Others	_____
TOTAL	_____