

15/5/2010

INS. CASE OWNER:

FMCST

CC 4 / AXA 1800

6088, F Wb3

LKK:

IDAC:

Surveyor:

FSC

DOI:

ASSIGNMENT

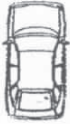
27/7/18

Date / Time :

27/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFH 16160

Claim No. :

S8M00C9E / 37439

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

27/7/18

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

SHD 9880B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Lub.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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:

ASS. REC. BY:

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

4/4 Make pass to Catherine, better flat.
 1/1 Rep @ 31001

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Add Fee:

Report Format :

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

Veh No:

S110 98803

Yr Regn:

05, 14

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

Truck / Trailer or

Make:

Renault Latitude

c.c.

1985

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

No. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

Chassis No:

VFIABL15AUC. 277534

En. Cond:

Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tire Size:

F:

R:

215/60R16

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

YO / YOKO or

Rear

R/Bal.

L/Bal.

D.O.I.

held at

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

UIC / Chassis frame / Body Structure affected due to collision.

Repair:

No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

TOTAL