15/5/2010

INS. CASE OWNER: CC4/QBE1800 GIN, Umbb

LKK:

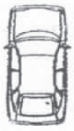
IDAC:

ASSIGNMENT

Surveyor: Umms DOI: ~~3/4/18~~ Date / Time : 3/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 2801L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 3/4/18

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

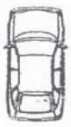
Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

GBB 36204 → → →



INSRS:
WSP: Fastech.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBB 36204 - Y XD 2801L - Y

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$		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 ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

DRE

m

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: GBB3620G

at Workshop m/s Ll.

of ______

Insured: XD 2801L

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: $8500.

IDAC Accident Rport: ______ 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 5837E

Date: ______ Person Contacted: ______ Vehicle: IN / OUT 30/12/2018

Veh No: GBB3620G Yr Regn: 31/11/08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M)

Make: Nissan cabstar c.c 2953

Colour: s.lur A/C: Insured / Std / NI / NA

Sp.Reading: 152231 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JN1SC2F24Z0800739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

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

Tyre Size: F: 195/80R15

R: 165R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ______

Front		Rear	
R/Bal.	4 mm	R/Bal.	5/5 mm
L/Bal.	4 mm	L/Bal.	5/5 mm
D.O.A.	3/4/18	D.O.I.	3/4/18

Survey held at ______

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

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

Date / Time	Action / Instruction
	tyre Burst frt n/s LTA P/O

Date/Time, File Pass to? [ ] : Preli. Report

1) ______ [ ] : Final Report

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___SI	
Photos	
Others	
TOTAL	