

INS. CASE OWNER:

Aidin

CC4 / III1800

6218

K uaz

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

6-4-18

Date / Time :

3/4/18

Registered in Merimen:

4/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHH 26211

Name of Insured :

Insured Tel No. : HP: 11/8/18

Excess Sec II : S\$ D.O.A: 11/8/18

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKT18130

INSRS:
WSP: Long 5 Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKT18130 - NS/IN/15/79X/Kuber; DOA: 11/08/18	STAGE DATE / PIC
	SHH 26211 - 04/11/7009131/Swazm; DOA: 11/08/18	Non-Reporting ltr (1st):
	- NS/IN/15/79X/Kuber; DOA: 11/08/18	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:	Send By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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\$		
Total:	S\$	Global Sum S\$:	
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:	

ASS. REC. BY:

REF: Ty /Kenneth

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. _____

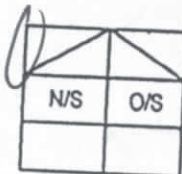
Sum Insured: _____

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: _____

04 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKT18130Yr Regn: 05, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Suz Swiftc.c. 1372Colour: M. Red

A/C: Insured / Std / NI / NA

Sp. Reading: 29608

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TSAF2C82500318132Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: _____

R: _____

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

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 11/8/17

Survey held at _____

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 6/4/18

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

N/S/R

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

Date / Time

Action / Instruction

9/14Rk pass to Catherine
21 Rn 8 2150h

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format: _____

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