

INS. CASE OWNER:

CC 4 / FWD1800 6452, A ea3

LKK:
IDAC:

Surveyor:

Imp

ASSIGNMENT

DOI:

6/4/18

Date / Time :

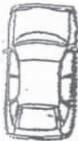
9-4-18

Registered in Merimen:

9-4-18

Pre-assign / CCU / FTE

Fbk 9112U



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS _____ D.O.A: 30/3/18

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

ES933Z



INSRS: *Cuite*
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

ES933Z X; Fbk 9112U X

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:

22/08/2020

2 X 10 DAYS NOTICE SEND TO TP ON JUNE 2020. TILL DATE NO DEVELOPMENT. SUBMIT WP, ADMIN TO CLOSE

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:

RELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L/S S\$ 1350.00

(3 days) Reduction: 293.86 % 18

Confirm by:

Email Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability: % 50

(Agreed / Assessed) BOLA S/N No. : NIL

Email Call

Repair Cost: S\$

If NO or B 28, Ass. Lia :

Cost of Rental (LOR): S\$

(days)

CONFLICTING VERSION

Cost of Use (LOU): S\$

(\$ x days)

Cost of Income (LOI): S\$

(\$ x days)

OR only LOU only LOR + LOU LOR + LOI [Tick only one]

IA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

Legal Cost

S\$

2) Report Format: WP

Total:

S\$

Global Sum S\$:

3) Survey fee: \$250.00

FINAL PAYMENT

Date/Time:

Confirm with:

Fee 1:

S\$

Email Call

Fee 2: (Strike if N.A.)

S\$

Name 1:

Fee 3: (Strike if N.A.)

S\$

Name 2:

Name 3:

ASS. REC. BY: Adrian King

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

Veh No: ES933Z Yr Regn: 2013, Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Alphard C.C. 2362
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 284766 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ANH208301501
 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: 235/50R18
 R: 235/50R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 06/04/18
 Survey held at Cruise Autocare
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP FWD.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

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

Survey Fee: _____
 Transportation: _____
 S + RS ___ SI
 Photos
 Others
 TOTAL