

INS. CASE OWNER:

CC 4/EQ11800

6763, 6 Wb3

LKK:

IDAC:

Surveyor:

yba

DOB:

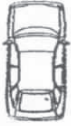
ASSIGNMENT
12/4/18

Date / Time:

12/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFH 6702X

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A.:

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

SYR 6978B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Ean motor



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:	Confirm with:	Confirm by:
Repair Cost:	\$S (days)	Repair Cost:	% Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BO:	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 ☐			
GIA/LTA Search	\$S		
Medical:	\$S		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S	(eg. Disbursement)	2) Report Format:
Legal Cost	\$S		3) Survey fee:
Total:	\$S	Global Sum:	
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:	

Surveyor

YKL

REF: EQ1

ASSIGNMENT

From: Date: 13-04-2018

Estimated Cost:

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

To Inspect Vehicle No: SJR 6978B
at Workshop m/s: Kah Motor
of: 15 Ubi Rd 4

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Steven

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$20k

IDAC Accident Rpt: 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: SJR6978B Yr Regn: 08 Jun 2007

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

Truck / Trailer or

Make: Honda City c.c 1497

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 1936596 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR HGM 2650 9P 020189

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185 / 55 R15

R: 11

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

Survey held at

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

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I.

13-04-18 12pm

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

Date / Time Action / Instruction
limit \$ 7500

Date/Time. File Pass to?

☐ : Preli. Report

1)

Date/Time. File Return to?

☐ : Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) \$ + RS \$

) Photos

) Others

Report Format :

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

TOTAL