15/5/2010

INS. CASE OWNER: CC 6 /EQI1800 6870, U eb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 13/4/18 Date / Time : 13/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 2997R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 9/4/18

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

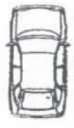
If **NO**, Driver Name / Age :

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

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

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

GBF 7709P → → →



INSRS:
WSP: Styltech
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBF 7709P - K GBD 2997R - P	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: EQ/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBF 7209P

at Workshop m/s Stylech

of

Insured: GBD 2997R

Policy No.

Claims No.

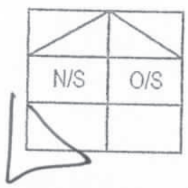
Sum Insured: Excess:

(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 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 OTROE

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBF 7209P Yr Regn: 2 / 17

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

Make: Toyota hiace DX c.c 2982

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

Sp.Reading 20716 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH20102 01615

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:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	9/4/18		D.O.I.	13/4/18	

Survey held at

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

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

Date / Time	Action / Instruction
16/4/18	confirmed d/s & 4900 with winston.

Date/Time, File Pass to? : Preli. 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:

__S + RS, __SI

Photos

Others

TOTAL

Report Format :

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