

INS. CASE OWNER:

CC 4/III1800 7817, Unob

LKK:

IDAC:

Surveyor:

Marius

DOI:

ASSIGNMENT

70/4/18

Date / Time:

70/4/18

Registered in Merimen:

70/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 34317

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

17/4/18

Place of Accident :

Is driver the owner?

( YES / NO )

Nature 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

P7 3134 u



INSRS:

WSP:

Tel :

Liability :

RMKS:

Erofta



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:             |                                                              |
|                                                                                                                                           | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                           | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Towing Invoice:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | PIR:                              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | LOD                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           | Others:                           | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b>                                                                                                                 | Date/Time:                        | Sent By:                                                     |
| <b>FINALIZATION</b>                                                                                                                       | Date/Time:                        | Confirm with:                                                |
| Repair Cost:                                                                                                                              | S\$                               | ( days) Reduction: %                                         |
|                                                                                                                                           |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                   | Date/Time:                        | Confirm with:                                                |
| Final Liability:                                                                                                                          | %                                 | (Agreed / Assessed) BOLA S/N No. :                           |
| Repair Cost:                                                                                                                              | S\$                               | If NO or B 28, Ass. Lia :                                    |
| Loss of Rental (LOR):                                                                                                                     | S\$                               | ( days)                                                      |
| Loss of Use (LOU):                                                                                                                        | S\$                               | (\$ x days)                                                  |
| Loss of Income (LOI):                                                                                                                     | S\$                               | (\$ x days)                                                  |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> |                                   | [Tick only one]                                              |
| GIA/LTA Search                                                                                                                            | S\$                               |                                                              |
| Medical:                                                                                                                                  | S\$                               |                                                              |
| Disbursement:                                                                                                                             | S\$                               | (e.g. Tow/ Independent )                                     |
| Legal Cost                                                                                                                                | S\$                               |                                                              |
| <b>Total:</b>                                                                                                                             | S\$                               | <b>Global Sum S\$:</b>                                       |
| <b>FINAL PAYMENT</b>                                                                                                                      | Date/Time:                        | Confirm with:                                                |
|                                                                                                                                           |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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: MariusREF: 111

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: F23/34at Workshop m/s Endie

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: 28000

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No 0420Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

10/6/2020  
Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: F23/34 Yr Regn: 6 05Type: M.Caf / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Wave c.c. 125Colour: silver A/C: Insured / Std / NI / NASp. Reading: 49036 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NF128M90050636Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or okBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 250-17R: 80-90-17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 17/4/18 D.O.I. 30/4/18

Survey held at \_\_\_\_\_

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

0/5, 1/5 3/4  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

27/11/10 2yrs 2mcs. net 149030/4/18 conf. and 1/5 @ 1500 with M270.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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

☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)