

INS. CASE OWNER:

CC 6 / QBE1800

8007 / 49663

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

XD 64675

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

SGP 6918x



INSRS:

WSP:

Tel :

Liability :

RMKS:

Fastech



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SGP 6918x -4 XD 64675 -4	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:	\$\$ (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:	\$\$	
Loss of Rental (LOR):	\$\$ (days)	
Loss of Use (LOU):	\$\$ (\$ x days)	
Loss of Income (LOI):	\$\$ (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$ (e.g. Tow/ Independent)	
Legal Cost	\$\$	
Total:	\$\$ Global Sum \$\$:	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$\$ Name 1:	
Payee 2: (Strike if N.A.)	\$\$ Name 2:	
Payee 3: (Strike if N.A.)	\$\$ Name 3:	

ASS. REC. BY: Marius

REF:

QSC

M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SGP 6918Xat Workshop m/s PL

of _____

Insured: XD 64675

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: 88k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

GLA / PR Seen: e 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

Date / Time Action / Instruction LTA 63053Veh No: SGP 6918X Yr Regn: 11/16Type: M.Caf / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Wish c.c. 1798Colour: silver A/C: Insured / Std / NI / NASp. Reading: 38887 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 9TDAG20W30J006119Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65-1015

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 2/5/18

Survey held at _____

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 2/5/18

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

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

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

1) _____
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. ____ SI

Photos

Others

TOTAL

Report Format: _____

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