

INS. CASE OWNER:

CC 4 / AIG1800 8932, M1ma3

LKK:

IDAC:

Surveyor:

MA CP

DOI:

ASSIGNMENT

15/5/18

Date / Time :

15/5/18

Registered in Merimen:

16/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJ17052

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 11-518

Make / Model :

Excess Sec II :S\$

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

SBJ 8090K

INSRS:
WSP:
Tel :
Liability :
RMKS:

Kong's Auto

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SJ 8090K - CS3 / CT11800746 / 624652 - 00A 15/4/18 SJ 17052 - X	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:			
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
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:	

Surveyor

REF:

8932/m/m

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: _____

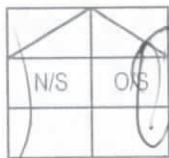
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

8932070K.

Yr Regn: _____

MAY 2015

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

Truck / Trailer or

Make: _____

MEDE

C.C

1595

Colour _____

Black

A/C: Insured / Std / NI / NA

Sp. Reading _____

15516

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WDD2 050402R 058554

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: _____

225/50 R17

R: _____

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

TOYO / YOKO or

BS

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

1/5/2015

D.O.I. _____

1/5/2015

Survey held at _____

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

ASBany

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

Date / Time

Action / Instruction

No. 888 upon survey.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + PS SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)