

INS. CASE OWNER:

CC4 / FWD 1800 9023 R1 la3

LKK:

IDAC:

Surveyor:

Rahul

DOI:

ASSIGNMENT

18/1/18

Date / Time:

16/05/18

Registered in Merimen:

17/05/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SGW96U

Claim No. : hx

Name of Insured :

Policy No. :

Insured Tel No. : HP: 14/05/2018

Make / Model :

Excess Sec II : SS D.O.A. : 14/05/2018

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

SLQ 1735A

INSRS: WSP: Trans - Enokers.
Tel :
Liability :
RMKS:INSRS: WSP:
Tel :
Liability :
RMKS:INSRS: WSP:
Tel :
Liability :
RMKS:INSRS: WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLQ1735A - x;

SGW96U. C/FWD 1800 9023 / Uqd3 : 009: 14/05/18

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:

3/6/18

Sent By:

Hhu

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Signature Rasmi

REF: FWD

2023/146

57237

ASSIGNMENT

From: _____ Date: 18/5/18

Estimated Cost: _____

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

To Inspect Vehicle No: SLQ1735A

at Workshop m/s TransEurokars

of Subi close

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 1wps

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLQ1735A Yr Regn: 2017 / Sun

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

Truck / Trailer or

Make: MAZDA 3 SEDAN 1.5 AT c.c. 1496

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

Sp.Reading: 22708 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN 22A 840153641

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: 205/60R16

R: 22

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. 14/05/18 D.O.I. 18/05/18

Survey held at TRANS EUROKARS

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 _____ Action / Instruction _____

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: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : S + RS. SI

☐ : Interview (\$ _____)

☐ : Photos

☐ : Tech. Invs (\$ _____)

☐ : Others

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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