15/5/2010

INS. CASE OWNER: CC3 / CT1800 9026 / K1 ja3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Naz

DOI: 15/5/18

Date / Time : 15/5/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 1169G

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 12/5/18

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**

SHC 6500 Z → → →

INSRS:
WSP: Premier
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC6500Z - CS/FA/ 45115826/14/EM3/63 10BA 12/16/14
	GBB 1169G - X

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:	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:	

Invoice NA2 REF:

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.

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SHC 6500Z 1st Regn. MAY 2015

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

Make: KIA OPTIMA C.C. 1685

Colour SILVER A.C. Insured / Std / NI / NA

Sp.Reading 313,081 Radio: Insured / Std / NI / NA

Eng.No:

C/No: KNAGM414MF5593590

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 65 R16

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 12/5/18 D.O.I. 15/5/18

Survey held at PREMIER

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or FRONT RIGHT, OS FRONT

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

Date / Time	Action / Instruction
	CTL L/S
25/5/18	FINALIZED LUMPSUM $1,750 / 2 DAYS

Date/Time File Pass to: ☐ : Preli. Report

☐ : Final Report

Date.Time. File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp $

☐ : Interim $

☐ : Tech $

☐ : Mechanical $

Report Format :

Lump Sum / I.B.I: $

Survey Fee

Transportation

Photos

Other

TOTAL