

INS. CASE OWNER:

CC 6/CTI1800 9409, Umba

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

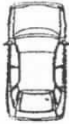
mly/18

Date / Time :

mly/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Gy : 8932T

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

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

G2 1200M



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
	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:
Repair Cost:	S\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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\$	
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:

u

Veh No: 677/1024 Yr Regn: 19 05

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

Make: Ford Dune C.C. 2986

Colour - *wh* A/C: Insured / Std / NI / NA

Sp. Reading 265957 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 97E4F34440301137E

Gen. Cond: ~~Good~~ / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: ~~Worder~~ / Jammed / Leaked / Burnt or

Modi / N / S/Rim / STD A/Rim or

Tyre Size: F: 185 R14

R: 155-0712

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

ΤΟΥΟ / ΥΟΚΟ, οπ

Front  Rear 

R/Bal 6 R/Bal 6/1

L/Bal. 6 mm L/Bal. 6/6 mm

D.O.A. 1/8/50 D.O. 22/2/50

Survey held at

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

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

N/S	O/S

[illegible]

☐: Prel. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : interview (\$)☐ : Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

5) $S \rightarrow RS, S$

Photos

Others

TOTAL