

INS. CASE OWNER:

CC 3 / III 1800 9825 / K W63

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

7/5/18

Date / Time :

7/5/18

Registered in Merimen:

7/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 7755J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

7/5/18

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

SKD 760A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Cnb

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKD 760A - 4	Non-Reporting ltr (1st):	
SHA 7755J - 16/05/18 18:38 / Kenneth PUA - 17/05/18	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: %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with:	
Final Liability: %	Email ☐ Call ☐	
Repair Cost: S\$	(Agreed / Assessed) BOLA S/N No. :	
Loss of Rental (LOR): S\$	If NO or B 28, Ass. Lia :	
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)	
Legal Cost S\$	2) Report Format:	
Total: S\$	3) Survey fee:	
GLOBAL SUM S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: S\$	Email ☐ Call ☐	
Payee 2: (Strike if N.A.) S\$	Name 1:	
Payee 3: (Strike if N.A.) S\$	Name 2:	
	Name 3:	

ASS. REC. BY:

REF: Ty /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1-R.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S/HO 260A Yr Regn: 11, 15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Traller or _____

Make: Renault Latitude c.c. 1995Colour: M. White / Red A/C: Insured / Std / NI / NASp. Reading: 408710 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC 282302Gen. Cond: Good Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: M11 S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Giti

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 25/3/18 D.O.I. 28/5/18

Survey held at _____

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

C/S 1st

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

Date / Time Action / Instruction

30/5 File pass to Carman
8 3996-61

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Report Format :

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

TOTAL