

15/5/2010

INS. CASE OWNER:

CC 4/EQ11801 0602, Kp63

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

8/6/18

Date / Time:

8/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBF 1787B



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

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

SFJ5717A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Kenneth



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: 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\$ (days)	
Loss of Rental (LOR):	S\$ (S x days)	
Loss of Use (LOU):	S\$ (S x days)	
Loss of Income (LOI):	S\$ (S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$	2) Report Format:
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee:
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:

REF: EQL

ASSIGNMENT

From: Date: 08062018

Estimated Cost:

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

To inspect Vehicle No: SKJ 5717A

at Workshop m/s: K Kim Hin

of Sin ming

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: 03 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SKJ 5717A R Regn: 04 13

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

Truck / Trailer or

Make: Volvo S60 C.C. 1560

Colour: M. Black A/C Insured / Std / NI / NA

Sp. Reading: 66227 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YVIFS-84-ABD2212013

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: 215/50R17

R:

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

TOYO / YOKO or

Front

R/Bal: 8 mm

L/Bal: 8 mm

D.O.A. 161318

Rear

R/Bal: 8 mm

L/Bal: 8 mm

D.O.I. 8/6/18

Survey held at

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

O/S FH

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

Date / Time Action / Instruction

11/6 File pass to Catherine

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation

) \$ + PS \$

) Photos

) Others

TOTAL