

INS. CASE OWNER:

CC 6, LCR 180 11225, Awn3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

19-6-18

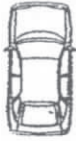
Date / Time :

19-6-18
20-6-18

Registered in Merimen:

Pre-assign / CCU / FTE

SLR 9794X



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: _____

Make / Model :

Excess Sec II :SS

D.O.A : 16-6-18

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

SLX 6520H



INSRS:

WSP: My Solution

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLX 6520H, X; SLR 9794X - 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\$

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:

ASS. REC. BY: Adrian King

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 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**Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLX652014 Yr Regn: 2018 / AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius Alpha c.c 1797Colour: Black A/C: **Insured / Std / NI / NA**Sp. Reading: 22138 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: ZVW400026954Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / **STD A/Rim** orTyre Size: F: 205/60 R16R: 205/60 R16**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 18/06/18Survey held at M6 SolutionDes. of Damages: **Frnt** / Rear / O/S / N/S / U/C / Rooftop orThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time

Action / Instruction

TP A16

Date/Time, File Pass to?

☐: **Preli. Report**

1)

☐: **Final Report**

Date/Time, File Return to?

2)

Days Of Repair: _____**Resurvey No. of Trip:** _____**Report Format :** _____**Lump Sum / I.B.I: (\$** _____ **)****Add Fee:**☐: **Site Insp (\$**☐: **Interview (\$**☐: **Tech. Invs (\$**☐: **Weekend (\$****Survey Fee:****Transportation:**

S + RS, SI

Photos

Others

TOTAL