

INS. CASE OWNER:

KC

CC 4, ASM 180 12046, V ea3

LKK:

IDAC:

54952

Surveyor:

Sathya

DOI:

ASSIGNMENT

31/7/18

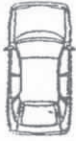
Date / Time:

2/7/2018

Registered in Merimen:

Pre-assign / CCU / FTE

SR 66R



Insured Vehicle No.:

Name of Insured:

EUROAUTOMOBILE P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

30-6-18

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

GOH YI SHUN JOSHUA

Driver Tel No.:

94232881

(V/L: YES / NO)

Claim No.:

S8m00mwr

Policy No.:

VPA/P2096668

Make / Model:

ALFA ROMEO

Place of Accident:

JLN KAYU

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLH 746Y



INSRS:

WSP: World Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SLH 746Y-X; SR 66R-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:

Surveyor

## ASSIGNMENT

From: \_\_\_\_\_ Date: 03/07/2018

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLH 7467

at Workshop m/s World Auto

of No. 1 Kranji Loop

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: \$ 71,000

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLH 7467 Yr Regn: Oct 2016

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

Truck / Trailer or

Make: Honda Shuttle c.c 1496

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 137483 T/Radio: Insured / Std / NI / NA

Eng/No: LEB4262726

C/No: GP71043114

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: 185/60 R15

R: 185/60 R15

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

TOYO / YOKO or Pirelli (Rear), Giti (Front)

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

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

D.O.A. 30/6/2018 D.O.I. 3/7/2018

Survey held at World Auto

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

Rear O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

) S + RS, SI

) Photos

) Others

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_

TOTAL