

INS. CASE OWNER:

CC3, TP 180 12356, 1603

LKK:

IDAC:

Surveyor:

Kec

DOI:

ASSIGNMENT

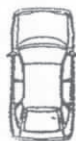
5/7/18

Date / Time :

5/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

3/7/18

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

SHO340C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Tand Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHO340C - 03/02/18 11880/1603; DVA 7/6/18  
- 04/04/18 6007/1603; DVA 7/6/18

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:

REF: T4 /U3/TP/801236/Kpa3

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

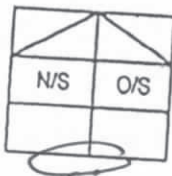
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_

Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_

09 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Veh No: S14D 340CYr Regn: 03, 16

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

Truck / Trailer or

Make: PercutLatitude c.c. 1895Colour: N. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading: 336107

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VIF1ABC15AUC 282746

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO orGiti

Front

Rear

R/Bal. 7 mmR/Bal. 5 mmL/Bal. 7 mmL/Bal. 5 mmD.O.A. 3/7/18D.O.I. 3/7/18

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.

Date / Time

Action / Instruction

6/7 File pass to Catherine  
86338-51

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

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

Resurvey No. of Trlp: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Report Format :

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

TOTAL