

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

12/3/08

Date / Time :

12/3/08

Registered in Merimen:

16/3/08

Pre-assign / CCU / FTE



Insured Vehicle No. :

SET 1134

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

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

SFS 301 K



INSRS:

WSP:

Tel :

Liability :

RMKS:

KMM
chwee

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SFS 301 K SET 1134 12/3/08	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:		
Repair Cost: S\$	(days) Reduction: %	Confirm by: 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 + LO ☐	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$	
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:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SFS 301Kat Workshop m/s Pamchue

of _____

Insured: SKT1134

Policy No. _____

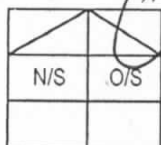
Claims No. _____

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: 506

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

040117

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SFS 301K Yr Regn: 10/12Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or GAMake: Volkswagen Jetta c.c. 1390Colour: Black A/C: Insured / Std / NI / NASp. Reading: 150286 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW 222162 DM 011 A70Gen. 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: 225/40 R18

R: _____

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

TOYO / YOKO or _____

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/7/18 D.O.I. 13/7/18

Survey held at _____

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

05 R.R.

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

Date / Time Action / Instruction

huger / under lip have 614 414 42316 uphead? 444.3001

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format : _____

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