

INS. CASE OWNER:

CC3, CT1 180 12965, Kha3

LKK:

IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

16/7/18

Date / Time:

16/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Ym 38676



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

13/7/2018

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

STB 9644C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
STB 9644C, CC3/AXA 100 4071/Ky9392; bost: 13/16 - CC3/88116023942/Ky9392; bost: 13/16 - CC3/161508005/Kha3 w2; bost: 11/15 Ym 38676-X	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:	☐	☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	
Repair Cost:	S\$	(days) Reduction: %	
FINAL SETTLEMENT	Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	
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\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	
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:

C721

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.

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:

70

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

17/7

File pass to Catherine

Veh No:

S14B 9644C Yr Regn: 09, 14

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

Truck / Traller or

Make:

Renault Latitude c.c. 1995

Colour:

M. White 1st

A/C: Insured / Std / NI / NA

Sp. Reading

448604

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VI-1 ABL 15 AUG 279415

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Giti

Front

R/Bal.

3

mm

Rear

R/Bal.

2

mm

L/Bal.

3

mm

L/Bal.

2

mm

D.O.A.

13/7/18

D.O.I.

16/7/18

Survey held at

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

N/S Frt

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$