

INS. CASE OWNER:

Stacey

CC 4, Asm 180 13319, P1 pas

LKK:

IDAC:

59113

Surveyor:

PASNL

DOI:

ASSIGNMENT

4/19/18

Date / Time:

23/07/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGV 3422 Y

Name of Insured:

TAY KHANG HUAJ

Insured Tel No.:

HP: 92780415

Excess Sec II :SS

D.O.A: 19/3/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

6A204435/1

HONDA CMC

BUKIT TIMAH FLYOVER

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

Insured Liability:

%

Final ? Yes / No

SKR 8488 Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

C.C. France.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKR 8488 Z - x ; SGV 3422 Y - 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 *Pran*

REF:

ASM(AxA)

4618F

ASSIGNMENT

From: _____ Date: 04092018

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKR 8488Zat Workshop m/s Cycle & Carriage
of 209 Pandan Garden

Insured: _____

Policy No. _____

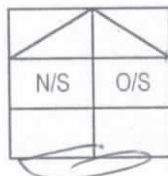
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Jian Ye

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 120K

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: SKR 8488Z Yr Regn: 2018 / MARType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: CITROEN 464 PICASSO 1.2 c.c 1199Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 9642 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 73A HN YTH J860388Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 225/50R17

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 12/01/18Survey held at CRC (PR)

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 04/09/18Des. 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

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Report Format : _____

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