

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801

LKK:

IDAC:

Surveyor:

F. L. M. S. M.

DOI:

ASSIGNMENT

Date / Time :

27/7/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFL 777P

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

SFL 777P



INSRS:

WSP:

Tel :

Liability :

RMKS:

LOBE
Bradley

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SFL 777P

SFL 777P

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 + LO ☐

[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:

(08/11/13) wef

REF:

JPC

ASS. REC. BY:

ASSIGNMENT

From:

Date:

25/7/18

Estimated Cost:

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

To Inspect Vehicle No:

SLF 2707H

at Workshop m/s

Comfort Delgro
205 Briddell Road

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

10:30 am @ owner

Make of Veh:

writing

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

dup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLF 2707H

Yr Regn:

08, 06

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

Truck / Trailer or

Make:

Honda Vezel

c.c

1498

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

113191

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RUI 1204739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

141/61

215/60R16

R: Dm

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

3

mm

L/Bal.

8

mm

L/Bal.

3

mm

D.O.A.

5/7/18

D.O.I.

25/7/18

Survey held at

✓

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

N/S

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

Date / Time

Action / Instruction

26/7

Rk pass to Corhouse

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS, SI

)

)

)