

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801

3978, Unb3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

Date / Time :

1/8/18

Registered in Merimen:

1/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

966 578X

Name of Insured :

Claim No. :

Insured Tel No. :

HP:

Policy No. :

Excess Sec II : \$\$

D.O.A :

7/1/18

Make / Model :

Is driver the owner?

(YES / NO)

Nature of Accident :

Place 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



INSRS:

WSP:

Tel :

Liability :

RMKS:

Jim
Unwel

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKB 4367K - X

966 578X - 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:

Repair Cost:

S\$

(days) Reduction:

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

(Agreed / Assessed) BOLA S/N No. :

Email

Call

Email

Call

Final Liability:

%

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

Loss of Use (LOU):

S\$

(days)

Loss of Income (LOI):

S\$

(S x days)

LOR only ☐ LOU only ☐

S\$

(S x days)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Global Sum S\$:

Confirm with:

Payee 1:

S\$

Name 1:

Email

Call

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKB 4363Kat Workshop m/s Kinohue

of _____

Insured: SLG 578x

Policy No. _____

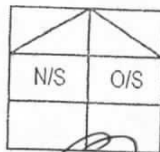
Claims No. _____

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

5871C
Vehicle: IN / OUT
Veh No: SKB 4363K Yr Regn: 5-11Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: Kia cerato LITE C.C. 1.8-9.1Colour: silver A/C: Insured / Std / NI / NASp. Reading: 99861 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. 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: 195/65-R15

R: _____

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

TOYO / YOKO or must take

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 31/7/18D.O.A. 1/8/18

Survey held at _____

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

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

Date / Time Action / Instruction

47A1738x

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:

\$ ~ RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: _____

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