

INS. CASE OWNER:

CC3 / CT1 180 14109, Nwa3

LKK:

LDAC:

Surveyor:

Nw2

DOI:

ASSIGNMENT

1/8/2018

Date / Time:

1/8/2018

Registered in Merimen:

1/8/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : SW 8197A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 18/7/18

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

SHC 4744A



INSRS:

WSP: Emp 7.02

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 4744A. NWA/MC/7006476/14 : DOA: 3/4/18
SW 8197A - 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:

CC3C7118014109 / NR03

1/28/18

REF:

Surveyor: NA2

CTI

TAX/07/18/2153

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

No policy found.

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.

	X	X	X
N/S		O/S	

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: _____

Vehicle: IN / OUT

Veh No: _____

SHC 4744A

Yr Regn: _____

8 JAN 2016

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

Truck / Trailer or _____

Make: _____

TOYOTA PRIUS

c.c 1,790

Colour: _____

BROWN

A/C: Insured / Std / NI / NA

Sp. Reading: _____

304,788

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTDKN364705767109

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

195/65 R15

R: _____

11

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal. _____

5

mm

R/Bal. _____

5

mm

L/Bal. _____

5

mm

L/Bal. _____

5

mm

D.O.A. _____

28/7/18

D.O.I. _____

11/8/18

Survey held at _____

SMRT WOODLANDS

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

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

Date / Time

Action / Instruction

SHC 4744A - NA / AIG 17006476 / K4

DOA: 3/4/17

CTI PIP

32D 8197A - X

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

: Site Insp (\$ _____)

) \$ + RS. \$ _____

☐

: Interview (\$ _____)

) Photos

☐

: Tech. Invs (\$ _____)

) Others

☐

: Weekend (\$ _____)

)

TOTAL

Report Format :

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