

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1801 5100, R2 w6h

LKK:  
IDAC:

Surveyor: Rasul DOI: ASSIGNMENT 15/8/18 Date / Time: 15/8/18  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 8503E  
Name of Insured : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 8/8/18  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : 18/18/18/405/102423.  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
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

SLV 8503E → SJE6296 → SH 7099C → \_\_\_\_\_



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: 01



INSRS: RICU 60  
WSP:  
Tel :  
Liability :  
RMKS: TP



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SJE6296-X</u>	Non-Reporting ltr (1st):	
<u>SLV 8503E-X</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_  
Post-Repair Photos:

**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: \_\_\_\_\_

(08/31/13) wef  
ASS. REC. BY: *[Signature]*

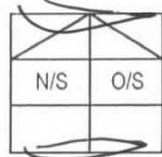
REF: **LPC**

*0007C*

**ASSIGNMENT**

From: \_\_\_\_\_ Date: **17/8/18**  
Estimated Cost: \_\_\_\_\_  
OD:  TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: **SJZ 629G**  
at Workshop m/s **Rico 60**  
of **8 kaki Bkt Ave 4 #02-24**  
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 Rport: \_\_\_\_\_ 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 *[up]*  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: **IN / OUT**

Veh No: **3JZ 629G** Yr Regn: **2010 / July**  
Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: **MAZDA 3 1.6 LSON** c.c. **1598**  
Colour: **WHITE** A/C: **Insured / Std / NI / NA**  
Sp. Reading: **147594** T/Radio: **Insured / Std / NI / NA**  
Eng/No: \_\_\_\_\_  
C/No: **9M6BL1021A6146682**  
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: **205/55R16**  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front R/Bal. **6** mm Rear R/Bal. **6** mm  
L/Bal. **6** mm L/Bal. **6** mm  
D.O.A. **08/08/18** D.O.I. **17/08/18**  
Survey held at **RICO 60**  
Des. 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
<b>17/08/17</b>	<b>Call workshop Kelvin inform him that repair limit offer at 6k. not confirm to repair k-1.v</b>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_ )

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ + RS, SI  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_