

INS. CASE OWNER:

cc 4, 601180 15188, Kfa3

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

21/8/2018

Date / Time:

21/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

JUN 6253T

Name of Insured:

CHNA LKE SWEE ETER @ MO. JAMONAMAM

Claim No.:

DMPH 1218-08663

Insured Tel No.:

HP:

Policy No.:

H. FO 130

Excess Sec II :S\$

D.O.A.:

19/8/2018

Make / Model:

CP - CHURCH OF BERNABAI

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SL657946



INSRS:

WSP:

Tel:

Liability:

RMKS:

CHNA
LB)

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SL657946. X:

JUN 6253T - CS/11501 0016303/4881 ; WJA: 17/8/10

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:

ASS. REC. BY:

REF: EG /

Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

4-5 days

Res.: Yes or No

Lum Sum: _____

1-B, 1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

23/8

File pass to Catherine

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Veh No: _____

SLG 5794E Yr Regn: 10, 16

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

Truck / Trailer or

Make: _____

Toy Prius

c.c

1798

Colour: _____

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

177013

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTDKB3FU50535449

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

195 165R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Davanti

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

9

mm

L/Bal. _____

9

mm

L/Bal. _____

9

mm

D.O.A. _____

19/8/18

D.O.I. _____

21/8/18

Survey held at _____

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

N/S 15

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