

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801 5372, G-faz

LKK:
IDAC:

Surveyor:

XLB

DOI:

ASSIGNMENT

23/8/18

Date / Time :

21/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE

GBC 11635



Insured Vehicle No. :

Claim No. :

K11818/VP05/OW20843

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

26/07/2018

Place of Accident :

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

Sg 554211



INSRS:
WSP: No Amend
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC	
Sg 554211 X ABC 11635 - 45/LPC1801 4534 (Asd), 26/07/18	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:		
FINALIZATION Date/Time:	Confirm with:		
Repair Cost: S\$	(days) Reduction: %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:	Confirm with		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: S\$	If NO or B 28, Ass. Lia :		
Loss of Rental (LOR): S\$	(days)		
Loss of Use (LOU): S\$	(\$ x days)		
Loss of Income (LOI): S\$	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$	2) Report Format:	
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost	S\$		
Total: S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		
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

ASS. REC. BY: Guo Qiong

REF: LPC

C9471K

ASSIGNMENT

From: _____ Date: 23/08/18

Veh No: SG5542H Yr Regn: - /

Estimated Cost: _____

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

OD: (TP) WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or _____

To Inspect Vehicle No: SG5542H

Make: Volvo B9TL c.c. 9.4

at Workshop m/s: Go Ahead Loyeng

Colour: Green A/C: Insured / Std / NI / NA

of: 2 Loyeng way

Sp. Reading: 39718 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: YV354P927HA 183897

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Insider / Jammed / Leaked / Burnt or

(Client's Record) Homeowner waiting

Brake: Insider / Jammed / Leaked / Burnt or

Make of Veh: Paul @ 9003 6715

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

(Policy Condition)

		N/S	O/S

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

Tyre Size: F: 25/70R22.5
R: 11

Bal. or Market Value: _____

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

IDAC Accident Rport: _____ Consistent? : Yes or No

Front 6 mm R/Bal. 626/626 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 6 mm L/Bal. 626/626 mm

Est. Repairs: 6 days Res.: Yes or No

D.O.A. _____ D.O.I. 23-08-18

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

Survey held at w/s 11AM

CA / REV / REP. / 24 HRS up

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
<u>n/s</u>	<u>Finalize of 8380.08 with Paul</u>

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____ Date/Time, File Return to? 2) _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

_____ S + RS, _____ SI

Photos _____

Others _____

TOTAL _____

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