

INS. CASE OWNER:

CC6 / AIG 180 15378, Apa3

LKK:

IDAC:

Surveyor:

WP

KAR

DOI:

ASSIGNMENT

21/8/2018

Date / Time:

21/8/2018

Registered in Merimen:

23/8/18

Pre-assign / CCU / FTE

SLA 63895



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 18/8/18

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

m7706R → SHD4504 X

SLA63895

SLA 9696A

SLA 8181M



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability: 01

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SLA 9696A - 657/M/618015371/624 d7 ; DOA 18/8/18
 - 651/M/617016446/626 d7 ; DOA 19/8/18
 SLA 63895, 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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor **Adrian**

REF: **ALH**

1503J

ASSIGNMENT

From: _____ Date: **21/08/2018**
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: **Flying High**
 of: **Blk 1 Kaki Bukit Ave 6 #01-29**
 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: _____ 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: **SGS9696A** Yr Regn: **24 Jun 2011**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **BMW 523i** C.C. **2497**
 Colour: **black** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **136956** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **WBA FP32020C 866962**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modi: **Nil / S/Rim / STD A/Rim** or
 Tyre Size: F: **225/45 R17**
 R: **11**
 BS: ☒ DUV / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. _____ D.O.I. **21-08-18**
 Survey held at **w/s** **1pm**
 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

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:

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

Survey Fee:

Transportation:

☐ S + RS \$

☐ Photos

☐ Others

TOTAL