

15/5/2010

INS. CASE OWNER:

CC6 /EQ1801

5645, 4f6b

LKK:

IDAC:

Surveyor:

marums

DOI:

ASSIGNMENT

Date / Time :

26/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBA 96045

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

26/8/18

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

SLC 7761E



INSRS:

WSP:

Tel :

Liability :

RMKS:

stytech



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
26/8/18	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)	
	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:	
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:		
<b>FINALIZATION</b> Date/Time: Confirm with:		
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: Confirm with:		
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 <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\$		
Medical: S\$		
Disbursement: S\$	(e.g. Tow/ Independent )	
Legal Cost: S\$		
Total: S\$	Global Sum S\$:	
<b>FINAL PAYMENT</b> 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

REF:

ASS. REC. BY: Marius**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLC 3361Eat Workshop m/s Stykel

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

G/A / 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: SLC 3361E Yr Regn: 5, 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Suzuki CIAZ c.c. 1373Colour: S-hw A/C: Insured / Std / NI / NASp. Reading: 41159 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MMSCVC 41500100042Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65-R15

R: \_\_\_\_\_

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

TOYO / YOKO or 7ALUFront 8 mm Rear 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 26/8/18 D.O.I. 28/8/18

Survey held at \_\_\_\_\_

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time	Action / Instruction
	<u>LTA 45211</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1) \_\_\_\_\_

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2) \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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