

15/5/2010

INS. CASE OWNER:

CC 3/AIG1801 5876, 12w63

LKK:
IDAC:

Surveyor:

Tan Kah.

DOI:

ASSIGNMENT

21/8/18

Date / Time:

21/8/18

Registered in Merimen:

20/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLG 9947E

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

21/5/18

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

5913720

INSRS:
WSP:
Tel:
Liability:
RMKS:

SMKT

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
5913720-7	Non-Reporting ltr (1st):	
5913720-7	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:	SS	(days) Reduction: % Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	SS	If NO or B 28, Ass. Lia:
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS	(S x days)
Loss of Income (LOI):	SS	(S x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☐		[Tick only one]
GIA/LTA Search:	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost:	SS	
Total:	SS	Global Sum SS:
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

Signature

Tang

REF:

416

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.

N/S	O/S

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

Lump Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SG1723D

Yr Regn:

2016 Sep

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

Truck / Trailer or

Make:

MAN NL 320F

c.c. 10518

Colour:

Green

A/C: Insured / Std / NI / NA

Sp. Reading

158419

T/Radio: Insured / Std / NI / NA

Eng/No:

WMNA222Z4F7.002896

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

27/08/18

Survey held at

SMART WL

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

Rear o/c

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

T1

☐

: Final Report

Date/Time, File Return to?

T2

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1 S + PS. 31

Photos

Other

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

TOTAL