

INS. CASE OWNER:

CC 6, 521 180 16987, Upn3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

18/09/18

Date / Time:

18/09/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 49325

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 17/09/2018

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

SJT 93006



INSRS:

WSP:

Tel:

Liability:

RMKS:

Fursten



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Date/ Time	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 Bjll:	☐
	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:	
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email ☐ Call ☐
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 ☐ 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:	
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: Marcus

REF:

EQ1

ASSIGNMENT

From: ? Date:

Estimated Cost:

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

To Inspect Vehicle No:

S17930B

at Workshop m/s

H.

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:

18

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

LTA 11733

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: S17930B Yr Regn: 111 09

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

Truck / Trailer or

CAI

Make:

Toyota Corolla Altis c.c 1598

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

128721

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRO53EE 10615-8177

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

195/55R15

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

TOYO / YOKO or

FALCON

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

17/9/18

D.O.I.

18/9/18

Survey held at

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

Rear

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

Date / Time

Action / Instruction

have G.A. 1 yrs lab. next 6267

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Report Format :

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