

INS. CASE OWNER:

CC 4 / Asm 180

LKK:
IDAC:

70169

Surveyor:

RAPUL

DOI:

ASSIGNMENT

18/09/18

Date / Time:

18/09/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBF 1913D

Name of Insured:

Tede Cheong Hardware MC

Insured Tel No.:

HP:

Claim No.:

S8M00VKL

Policy No.:

GA 24864

Make / Model:

T. THREE VAN

Excess Sec II :S\$

D.O.A.:

13/09/2018

Place of Accident:

BLK 5022 AMP IND. PARK 2

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

SCH 2872C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Vermogan.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SCH 2872C - 453/16R18015683/And3e2; out. 24/18/18
 CC4/16R17005295/160392; out. 16/11/18
 GBF 1913D. 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:

20/9

Sent By:

Hm

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:

(08/11/13)

Surveyor: Pare

REF:

462tk 457k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLH 2872Cat Workshop m/s VERMOGEN

of _____

Insured: axa/mg

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: 79K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLH 2872C Yr Regn: 2016 / 04Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA SIENNA 1.5X C.C. 1696Colour: GRAY A/C: Insured / Std / NI / NASp. Reading: 149542 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP170-7059629Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 13/09/18 D.O.I. 18/09/18

Survey held at

VERMOGEN

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

FRONT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Report Format :

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

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

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL