

INS. CASE OWNER:

CC 4, PWD 180 17814, U 2a3

LKN:

IDAC:

Surveyor:

AB1

DOI:

ASSIGNMENT

2-10-18

Date / Time:

1-10-18

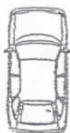
Registered in Merimen:

2-10-18

Pre-assign / CCU / FTE

SGH 14950

PMV 2017 - 00002811-01



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A.:

28/9/18

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

SH8700T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chun



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SH8700T - 11/10/18 1003067/1016347; 10/12/11
SGH 14950 - 02/10/18 1501483/1016347; 10/12/11

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:

11/10

Sent By:

12

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

UNCLAS

ASSIGNMENT

COB 2023 March

From:

Date:

Estimated Cost:

OD / IP / WS / TP RES / OD RES / EVA / IHV / MV

To inspect Vehicle No:

at Workshop no:

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.

Est. or Market Value:

IDAC Accident Report:

Consistent? Yes or No

GIA / PR Seen:

Consistent? Yes or No

Est. Repairs:

9

days

Res:

Yes or No

Lump Sum:

20

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Validator: IN / OUT

Date / Time

Action / Instruction

PWD SGG 14950

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Insp (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + 135, 51

Phone

Others

Veh No: BH 8700 T

Yr Regn:

2015 / March

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

Truck / Trailer or

Make: Hyundai I40

C.C. 1685

Color: Blue

A/C. Insured / Std / Nil / NA

Sp. Reading: 553863

T/Ratio: Insured / Std / Nil / NA

Eng No: D4FDEU480435

Ch No

KMHLB4IUMFU065918

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Mod: M / S / Rim / STD A / Rim or

Tyre Size:

F:

205/50R16

R:

11

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

TOYO / YOKO or

Champion

Front

Rear

R/Dal.

S

mm

R/Dal.

S

mm

L/Dal.

S

mm

L/Dal.

S

mm

D.O.A.

28/09/2018

D.O.A.

02/10/2018

Survey held at

Chunni AMK

Pos. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

N/S Body & N/S Rev

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