

INS. CASE OWNER:

CC 4, 111 180 17832, Aja3

LKK:

IDAC:

Surveyor:

WIP

DOI:

ASSIGNMENT

19-10-18

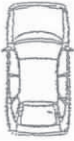
Date / Time:

11/10/18

Registered in Merimen:

11/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SH6935 X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ D.O.A : 30/9/18

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

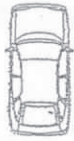
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SU 1144m

INSRS:
WSP:
Tel :
Liability :
RMKS:

Modemake

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

Date/ Time

SU 1144m, 11/10/18 10:09 / 11/10/18 10:17
- on VAL 1701614 / 11/10/18
SH6935 X - N/A 18006444 / 11/10/18 10:17

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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:

ASS. REC. BY:

REF: CS3/III18017832/d3 Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person): Joel Nah

of

III

Date/Time: 2/10/18 @ 1:53pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLF 1144M

Insured:

SH 6935X

at Workshop m/s

Glockewerke

Tel:

8112 6485

of

1 kaki Bkt Ave 6 # 01-08 Autobay

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30/9/18

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2:51pm @ 2/10/18

Person Contacted:

Annabelle

Vehicle IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	SLF 1144M - CVI / VAL 17016114 / Uq DOA: -
	SH 6935X - NA / INC 18006444 / h4 DOA: 8/9/18
3/10/18	VNI yet
10/10/18	vehicle still not in

REF:

Surveyor

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SLF1144M

Yr Regn: _____

2013 / March.

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

Truck / Trailer or

Make: _____

BMW 316i

C.C 1598

Colour: _____

Black

A/C: Insured / Std / NI / NA

Sp. Reading _____

149593

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: _____

F: 235/35 R19

R: 235/35 R19.

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

06

mm

R/Bal. _____

06

mm

L/Bal. _____

06

mm

L/Bal. _____

06

mm

D.O.A. _____

D.O.I. _____

19/10/18

Survey held at _____

2-ONE

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

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

Date / Time _____ Action / Instruction _____

TP 7/11

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

Report Format : _____

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

TOTAL