

INS. CASE OWNER:

CC 4 / 4pc 180 18063, D/a3

LKK:

IDAC:

Surveyor:

ABT

DOI:

ASSIGNMENT

4-10-18

Date / Time:

4-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

SJW 2760 L



Insured Vehicle No.:

Claim No.:

18/18/18/vp05/020975

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

1-10-18

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

SGR590K



INSRS:

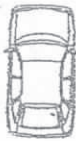
WSP:

Tel:

Liability:

RMKS:

Teamwork



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SGR590K - M/1M1602335/H/VB02; DOA: 4/10/18
 SJW2760L - CC/186100189657KJ/192; DOA: 4-08-10

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:

Sent By:

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.)

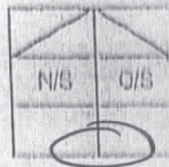
S\$

Name 3:

ASSIGNMENT

OE 2022 Jan

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop in/ls _____
 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: _____
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 5 days Res: Yes or No
 Lump Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 8GR590K Yr Reg: Jan / 2007
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or
 Make: Honda Civic C.C. 1799
 Colour: White A/C: Insured / Std / Nil / NA
 Sp. Bonding: 213722 T/Radio: Insured / Std / Nil / NA
 Eng/No: R18A12014658
 Chassis: JHMF D16307S205576
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: Nil / ☒ STD A/Rim or
 Tyre Size: F: 215/45 R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Sumitomo

Front: _____ Rear: _____
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A. 01/10/2018 D.O.I. 04/10/2018
 Survey held at Teamwork Page wsi
 Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or.
 Rew
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Lumpal SJW 2760L
	MV 22.5K
	LIA 17.4K
	HL 5.1K

Date/Time, File Pass to? ☐ : Prol. Report
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: \$ + 125. 51

Phone

Other