15/5/2010

INS. CASE OWNER: CC 6 / CTI 180 18156 / Upa3   LKK: IDAC:

ASSIGNMENT

Surveyor: _____ UCS _____   DOI: __8·10·18__   Date / Time: __8-10-18__

Registered in Merimen: _____

Pre-assign / CCU / FTE
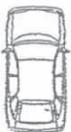
Insured Vehicle No.   :   SKZ 6199D   Claim No.   : _____

Name of Insured   : _____   Policy No.   : _____

Insured Tel No.   : _____ HP: _____   Make / Model   : _____

Excess Sec II :S$ _____ D.O.A : 7·10·18   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

SJX 1450H ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Rastred.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SJX 1450H · X ;   SKZ 6199D · X

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 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$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (e.g. Tow/ Independent)   2) Report Format:

Legal Cost S$ 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:

Surveyor Welcus   REF: CT/

ASSIGNMENT

From: Date:	Veh No: SJX1450H Yr Regn: 19/5 10

Estimated Cost:

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

To Inspect Vehicle No: SJX1450H

at Workshop m/s   L1.

of

Insured: SKZ 6199D

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: 34

IDAC Accident Rport: 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:

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

Truck / Trailer or CA /

Make: Honda accord   c.c 1997

Colour: Beige   A/C: Insured / Std / NI / NA

Sp.Reading: 121128   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHCP16309P020137

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or 215/60R16

Tyre Size: F:
      R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 7/10/18		D.O.I. 8/10/18	

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
     O/S L1. 6

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

Date / Time	Action / Instruction
	have video L7A23650 /yrs 7mth.
	have GIA Rep 1/k next 10350

Date/Time. File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time. File Return to?

2)

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:
Transportation:
) __S + RS __ S
) Photos
) Others

Report Format :
Lump Sum / I.B.I: ($