

15/5/2018

INS. CASE OWNER:

CC4/LPC1801 8177, A p63

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

15/10/18

Date / Time:

8/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGU 4401 G.

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

6/10/18

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

SUM198AE

INSRS:
WSP:
Tel:
Liability:
RMKS:

2nd Automark

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

Date/ Time

SUM198AE-X

SGU 4401 G-4

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 + LO ☐

[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:

REF:

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLM1989E Yr Regn: 2017 MarchType: M.C. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Opel Astra c.c. 1399Colour: Green A/C: Insured / Std / NI / NASp. Reading: 2021 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOLBE6EC246018341Gen. Cond: Good / Fair / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size F: 225/45R17R: 225/45R17BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 12/10/18Survey held at R 1st Autowork

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

Front N/S

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

Date / Time _____ Action / Instruction
TP Lon Pac

Date/Time: File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + R.S. \$

) Photos

) Others

TOTAL

Report Format :

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

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