

INS. CASE OWNER:

cc 4, cli 180 18444, Df a3

LKK:
IDAC:

Surveyor: ABT

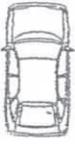
ASSIGNMENT
DOI: 8.10.18

Date / Time: 8.10.18

Pre-assign / CCU / FTE

SDW 5055R

Registered in Merimen: ✓



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 4.10.18

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

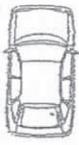
Driver Tel No. : _____ (V/L: YES / NO) _____

Insured Liability : % Final ? Yes / No

SJM 5750Z →



INSRS:
WSP: Waibe
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJM 5750Z - N/A / INCI 800962424 ; D.O.A: 27/5/18
SDW 5055R - N/A / CTI 180 1800624 ; D.O.A: 4/10/18

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)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Blll:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: \$\$ (_____ 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: \$\$
 Loss of Rental (LOR): \$\$ (_____ days) Liability not clear. TP pass to lawyers. CTI- submit report
 Loss of Use (LOU): \$\$ (_____ days)
 Loss of Income (LOI): \$\$ (_____ days)
 LOR only LOU only LOR + LOU (Tick only one)
 GIA/LTA Search: \$\$
 Medical: \$\$
 Disbursement: \$\$ (Tow/ Independent)
 Legal Cost: \$\$
 Total: \$\$ Global Sum \$
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: WP
 3) Survey fee: \$350

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$\$ Name 1: _____
Payee 2: (Strike if N.A.) \$\$ Name 2: _____
Payee 3: (Strike if N.A.) \$\$ Name 3: _____

08-11-19
Surveyor

REF: CTL

ASSIGNMENT

COB Jan 2019

From: _____ Date: 08/02/18

Estimated Cost: _____

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

To Inspect Vehicle No: SJM 5750Z

at Workshop m/s Wei Lee

of Blk 9 Sin Ming Ind Est #01-32

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SJM 5750Z Yr Regn: Jan 2009

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

Make: Honda Civic c.c 1799

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

Sp.Reading: 183217 T/Radio: Insured / Std / NI / NA

Eng/No: R18A 1400 9756

C/No: JHMFD.163098201672

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

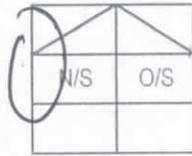
Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55 R16
R: — " —

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Front	Rear
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. 04/10/2018	D.O.I. 08/10/2018
Survey held at Wei Lee Blk 9 Sin Ming	
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	
N/S Frnt & N/S Body	
The U/C / Chassis frame / Body Structure affected due to collision.	

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	China Taping SDW 5055R
	Vehicle left abt 3 mths at time of loss.
	MV 16.5K
	LTA 13.9K
	NIL 2.2K 2.6K body plus paper

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

1) _____

Date/Time, File Return to? _____

2) _____

Report.Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

_____ \$ + RS. _____ SI

Photos _____

Others _____

TOTAL _____