

INS. CASE OWNER:

CC 4, III 180 18734, Plwa 3

LKK:

IDAC:

Surveyor:

MPB

DOI:

ASSIGNMENT

12/10/18

Date / Time:

15/10/18

Registered in Merimen:

16/10/18

Pre-assign / CCU / FTE

SHA 7685 C



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 31/8/2018

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

686 7750L



INSRS:

WSP: AMK

Tel:

Liability: log-5 hrs.

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

Date / Time	STAGE	DATE / PIC
686 7750L 3 CCU / ASM 1801610716163; DIA: 31/8/18	Non-Reporting ltr (1st):	
SHA 7685 C - AS/INC 14019800/Hgbw; DIA: 17/10/18	Non-Reporting ltr (2nd):	
* claiming each others.	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. :			

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\$							
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:			

(08/11/13)

* Surveyor: Pam

REF:

5787M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBA 7150Lat Workshop m/s AAK Logisticsof 4, Portman CloseInsured: TII

Policy No. _____

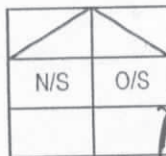
Claims No. _____

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: _____ 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: GBA 7150L Yr Regn: 2017 / OCT

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

Truck / Trailer or

Make: TOYOTA HILUX 3.0D4A C.C. 2982Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 46332 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 2010 215598

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: 195 R15C

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 31/08/18 D.O.I. 17/10/18Survey held at AAK

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

O/S Rear

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

Date / Time Action / Instruction

17/10/18 @ 1435 Insured with AAK Logistics at amount of \$640 - p/p/3days
amount agreed

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: _____

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

S + RS _____ SI

Photos

Others

TOTAL

Report Format : _____

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