

INS/2010

INS. CASE OWNER:

CC 6/CTI1801 8966, K jbh

LKK:
IDAC:

Surveyor:

FSC

DOI:

ASSIGNMENT

17/10/18

Date / Time :

17/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGD 3233X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 11/10/18

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

SJN 7645B



INSRS: WSP: will
Tel: ill
Liability: ill
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE/ PIC
	SJN 7645B - 4		
	SGD 3233X - 7		
		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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____		Confirm by: _____
Repair Cost:	SS (days) Reduction: %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28. Ass. Lia :
Repair Cost:	SS		
Loss of Rental (LOR):	SS (days)		
Loss of Use (LOU):	SS (\$ x days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search:	SS		
Medical:	SS		
Disbursement:	SS (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost:	SS		2) Report Format:
Total:	SS Global Sum SS:		3) Survey fee:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS Name 1: _____		
Payee 2: (Strike if N.A.)	SS Name 2: _____		
Payee 3: (Strike if N.A.)	SS Name 3: _____		

ASS. REC. BY:

REF: 0721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Wei Kee

of _____

Insured: _____

Policy No. _____

Claims No. _____

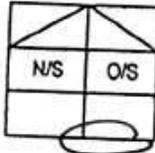
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 813k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: STN 7645B Yr Regn: 02 09

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

Truck / Trailer or MPV.

Make: Toy Wish c.c. 1794

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 235672 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: JT0ER12W603 002160

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: Nexen 195/65R15
R: Falken

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

Front

R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 11/10/18

Survey held at _____

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 17/10/18

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

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
18/10 File pass to Catherine

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation: _____

_____ \$ - RS. _____ \$

Photos _____

Others _____

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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