

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1801 9117, Uhb3

LKK:
IDAC:

Surveyor: Marcus

DOE: 22/10/18

Date / Time : 21/10/18
Registered in Merimen: 21/10/18

Pre-assign / CCU / FTE

SGL 2718T



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 20/10/18

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

SJS 4252



INSRS: Em
WSP: Chwell
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>5764252 - x</u>	Non-Reporting ltr (1st):	
<u>5764252 - x</u>	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 Bill:	<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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: \$S _____ (_____ 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: \$S _____		
Loss of Rental (LOR): \$S _____ (_____ days)		
Loss of Use (LOU): \$S _____ (\$ x _____ days)		
Loss of Income (LOI): \$S _____ (\$ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: \$S _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____		

no/cus
h

REF:

A16 /

ASSIGNMENT

14/8/09

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: **SJS 42257**
 at Workshop of: **Kimchun**
 insured:
 Policy No:
 Claims No:
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Van No: **SJS 42257** Vr Regn: **14/8/09**
 Type: Motor / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or **CA /**
 Make: **Mond a Stream** 1799
 Colour: **Grey**
 St. Reading: **165312**
 Engine:
 C/N: **RN 61091356**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Good** / Jammed / Leaked / Burnt or
 Brake: **Good** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 CA / 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 **7.22X**
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Tyre Size: F: **205/65R15-**
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Accelere**
 Front: **6** mm Rear: **6** mm
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A. **20/10/18** D.O.I. **22/10/18**
 Survey held at: _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Reo. & Rf.
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time : _____ Action / Instruction
9nd plus 10772

Date/Time File Pass to: : Preli. Report
 : Final Report
 Date/Time File Return of:

Days Of Repair:
 Resurvey No. of Trip:

Add Fee: Site Insp. \$
 Inter. \$
 Test \$
 V/A \$

Survey Fee
 Transparency

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