

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1801

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

21/10/18

Date / Time :

21/10/18

Registered in Merimen:

20/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 10770

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

11/8/18

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SMA 27870



INSRS:

WSP:

Tel :

Liability :

RMKS:

2st mto



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: S\$		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:	

Surveyor

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: SMA3787J Yr Regn: 2018 / June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Opel Opel Crossland C.C.
 Colour: White A/C: Insured / Std / NI / NA
 Sp.Reading: 20569 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: W0V7H9ED4J4143234
 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: 215/20R17
 R: 215/50R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 29/10/18
 Survey held at First Automobile
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP A/G

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:

____ S + RS. ____ SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

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

TOTAL