

INS. CASE OWNER:

CC 3 / III 1801

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

10/10/08

Date / Time:

10/10/08

Registered in Merimen:

21/10/08

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3575Y

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

21/10/08

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

SHF 633Y

INSRS:
WSP:
Tel:
Liability:
RMKS:trans
cabINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SHF 633Y - 461807 (trans cab) 10/10/08	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:		Confirm by:	
FINALIZATION Date/Time:		Confirm with:		Email ☐ Call ☐	
Repair Cost:	S\$	(days) Reduction:	%		
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:	
Total: S\$		Global Sum S\$:		3) Survey fee:	
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:			

ASS. REC. BY:

REF: TH /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

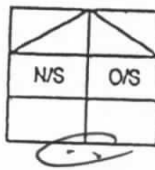
Claims No. _____

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHI-6334 Yr Regn: 06, 14

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

Truck / Traller or

Make: Renault Latitude c.c. 1985Colour: m. white / Red A/C: Insured / Std / NI / NASp. Reading 593721 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 278283Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Giti

Front

R/Bal. D mm

Rear

R/Bal. 9 mmL/Bal. P mmL/Bal. P mmD.O.A. 27/10/18D.O.I. 30/10/18

Survey held at _____

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

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

Date / Time Action / Instruction

31/10 File pass to Catherine
11am @ 1850

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format :

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