

15/5/2010

INS. CASE OWNER:

Winnie

CC

6 pm / AXA1801 007h, Webb

LKK:

IDAC:

Surveyor:

M. R. M. S.

DOI:

ASSIGNMENT

5/10/18

Date / Time:

5/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKK 5746T

Claim No. :

88001127/19462

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/10/18

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

GBF 1968X



INSRS:

WSP:

Tel :

Liability :

RMKS:

1in's pro.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	GBF 1968X - 2	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:	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)	
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:	

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: 6BF196FX
 at Workshop m/s 1-5 50
 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: 446.
 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

LA13920

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 6BF196FX Yr Regn: 7.16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (A)
 Make: FIAT DOBLO C.C. 1598
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 38293 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2FA26300006.D00006
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/80R16
 R: _____

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

Front 6 mm Rear 6 mm
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 24/10/18 D.O.I. 5/11/18

Survey held at _____

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

Rear o/s

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

Date / Time Action / Instruction

745. 940.

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 (\$)

☐ : S + RS, SI

☐ : Interview (\$)

☐ : Photos

☐ : Tech. Invs (\$)

☐ : Others

☐ : Weekend (\$)

Report Format :

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

TOTAL