

INS. CASE OWNER:

CC 3 /AIG1802

LKK:

IDAC:

Surveyor:

FSL

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
5/10/18	Non-Reporting ltr (1st):	
5/10/18	Non-Reporting ltr (2nd):	
5/10/18	Non-Reporting ltr (Final):	
5/10/18	Notification ltr (if non-pickup):	
5/10/18	Call OI:	
5/10/18	After call ltr to OI:	
5/10/18	Documentation Check List: Handler	Typist
5/10/18	Notification ltr (if non-pickup)	
5/10/18	After call ltr to OI:	
5/10/18	Authorisation To Act:	
5/10/18	Release Voucher:	
5/10/18	Final Repair Bill:	
5/10/18	Car Rental Invoice:	
5/10/18	Towing Invoice:	
5/10/18	LTA / GIA :	
5/10/18	Medical Bill:	
5/10/18	PIR:	
5/10/18	Mandate/Reject Instruction:	
5/10/18	LOD	
5/10/18	Payment Breakdown Form:	
5/10/18	Post-Repair Photos:	
5/10/18	Others:	
5/10/18	PRELIMINARY ADVICE Date/Time:	Sent By:
5/10/18	FINALIZATION Date/Time:	Confirm with:
5/10/18	Repair Cost: S\$	(days) Reduction: %
5/10/18	FINAL SETTLEMENT Date/Time:	Confirm with
5/10/18	Final Liability: %	(Agreed / Assessed) BOLA S/N No. :
5/10/18	Repair Cost: S\$	
5/10/18	Loss of Rental (LOR): S\$	(days)
5/10/18	Loss of Use (LOU): S\$	(S x days)
5/10/18	Loss of Income (LOI): S\$	(S x days)
5/10/18	LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
5/10/18	GIA/LTA Search	S\$
5/10/18	Medical:	S\$
5/10/18	Disbursement:	S\$ (e.g. Tow/ Independent)
5/10/18	Legal Cost	S\$
5/10/18	Total: S\$	Global Sum S\$:
5/10/18	FINAL PAYMENT Date/Time:	Confirm with:
5/10/18	Payee 1: S\$	Name 1:
5/10/18	Payee 2: (Strike if N.A.) S\$	Name 2:
5/10/18	Payee 3: (Strike if N.A.) S\$	Name 3:

ASS. REC. BY:

REF: ALGKenneth**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. _____

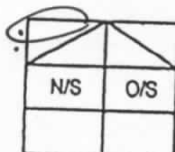
Claims No. _____

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: 1. B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S/H D 653A Yr Regn: 07 17

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

Truck / Trailer or _____

Make: Pengault Latitude c.c. 1.995Colour: M. White / Red A/C: Insured / Std / NI / NASp. Reading: 408338 T/Radio: Insured / Std / NI / NAEng/No: 178840C/No: VIFIABL15AUC 783503Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: 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 _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 11/11/18 D.O.I. 13/11/18

Survey held at _____

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

FR N/S

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

Date / Time Action / Instruction

14/11 File pass to Catherine

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 (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fixtots

Others

TOTAL

Report Format :

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