

INS. CASE OWNER:

cc 6, CT1 180 21405, Aea3

LKK:  
IDAC:

Surveyor:

*Imp*

DOI:

ASSIGNMENT

*26/11/18*

Date / Time:

*26/11/18*

Registered in Merimen:

Pre-assign / CCU / FTE

*GBF 872U*



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: \_\_\_\_\_

Make / Model :

Excess Sec II :SS \_\_\_\_\_ D.O.A : *23-11-18*

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

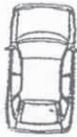
*MB*

*GBH 9138L*



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

*Lee  
Shus.*



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

*GBH 9138L - X*

*GBF 872U - X*

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 + LOI  [Tick only one]

HA/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

Payment 1: S\$

Name 1:

Payment 2: (Strike if N.A.) S\$

Name 2:

Payment 3: (Strike if N.A.) S\$

Name 3:

Adrian

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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ 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: GBH 9138L Yr Regn: 1

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

Truck / Trailer or \_\_\_\_\_

Make: Nissan NV200 c.c

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 2274 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / SRim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 175/70R14

R: 175/70R14

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

Front

Rear

R/Bal. ob mm R/Bal. ob mm

L/Bal. ob mm L/Bal. ob mm

D.O.A. \_\_\_\_\_ D.O.I. 26/11/18

Survey held at Lee Shey

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or \_\_\_\_\_

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

IP Ching

Date/Time, File Pass to?

Date/Time, File Return to?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

Prel. Report: \_\_\_\_\_

Final Report: \_\_\_\_\_

Part Prices Check:

IN | OUT

Survey Fee:

Date:

Basic & Add.

\* S + RS, SI

Photos

Others

TOTAL
