

15/5/2010

INS. CASE OWNER:

CC^b /AIG1802

1825, Ayb

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

7/11/18

Date / Time:

11/11/18

Registered in Merimen:

11/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

84 7095H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/11/18

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

FBJ 882T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Hua mang



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
FBJ 882T 84 7095H 24/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18 20/11/18	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:		
Repair Cost: S\$	(days) Reduction:	%	
Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time:	Confirm with:		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :		
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:		
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: FBJ88217. Yr Regn: 2014 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CB400 C.C. 399.Colour: Black A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NC421601940.Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 120/60R17.R: 160/60R17.

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

TOYO / YOKO or MetzelerFront 26 mm Rear 06 mmR/Bal. 26 mm R/Bal. 06 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 23/12/18.Survey held at Hua Meng.Des. of Damages: Frnt / Rear / O/S N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP A16.</u>
	<u>MV : 14.5K</u>
	<u>PV : 2.5K</u>
	<u>Nett: 12K.</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS SI _____

Photos _____

Others _____

TOTAL

Report Format : _____

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