

15/5/2010

INS. CASE OWNER:

CC P/AIG1802 2001, A job

LKK:
IDAC:

Surveyor:

WMP

DOI:

ASSIGNMENT

6/2/18

Date / Time :

5/1/18

Registered in Merimen:

6/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 8477M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : M/18

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (VL: YES / NO)

Insured Liability : % Final ? Yes / No

SGJ- 961R



INSRS:
WSP: *2nd Mrs*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SGJable - x	Non-Reporting ltr (1st):	
SM8477M - x	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): S\$	(days)	
Loss of Use (LOU): S\$	(S x days)	
Loss of Income (LOI): S\$	(S x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[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: <input type="checkbox"/> <input type="checkbox"/>
Payee 2: (Strike if N.A.)	S\$	Name 2: <input type="checkbox"/> <input type="checkbox"/>
Payee 3: (Strike if N.A.)	S\$	Name 3: <input type="checkbox"/> <input type="checkbox"/>

REF: ALG

ASSIGNMENT

From: _____ Date: 06122018

Estimated Cost: _____

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

To Inspect Vehicle No: SGJ 961R

at Workshop m/s Jack Car

of 5007 Ubi Rd 1 #01-450

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SGJ961R Yr Regn: 2006 June

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

Make: Toyota Vios c.c 1497

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

Sp. Reading: 191727 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3HY4204193735

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/65R14
R: 175/65R14

(Policy Condition) after 2pm

N/S	O/S

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

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

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>06/12/18</u>

Survey held at Jack Car

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time	Action / Instruction
	<u>TPA 16</u>
	<u>COE Expiry: 28/06/21</u>
	<u>MV: 15K</u>
	<u>PV: 11.9K</u>
	<u>Nett: 3.1K</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: Site Insp (\$ _____)) S + RS _____ SI

Interview (\$ _____)) Photos _____

Tech. Invs (\$ _____)) Others _____

Weekend (\$ _____)) _____

TOTAL _____