

INS. CASE OWNER:

cc 4, 111 180 2251, R fa3

LKK:

IDAC:

Surveyor:

Rajm

DOI:

ASSIGNMENT

10/11/18

Date / Time:

7/11/2018

Registered in Merimen:

19/12/2018

Pre-assign / CCU / FTE

SHO 3071J



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

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. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLU 7870 G



INSRS:

WSP:

Tel :

Liability :

RMKS:

Tri dente
Automobile.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLU 7870 G - X;

SHO 3071J - cc/1118006796/11116372 : D.O.A: 10/04/18

96379382 - Mr. Divyesh.

3 vehicle involved, TP and 2 Taxi wrong
 TP assumed Wrong Taxi collided into him. at first claim party
 received another party taxi video footage, spoke to Mr. Alia
 video does not show how the accident but show OI is
 somewhere nearby TP and both party should be changing
 lane. reason to offer 50% as both party should conflict
 statement and OI mention both party changing lane.
 NO TP GIA report found in record.
 spoke to Mr. Divyesh, report done by his wife and cannot
 recall which workshop. have to check with his wife and get
 back us.

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]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASSIGNMENT

From: Date: 10/12/18

Estimated Cost:

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

To Inspect Vehicle No: SLU 78706

at Workshop m/s

of 280 ocean drive, 06-02

Insured: carpark lobby A

Policy No.

Claims No.

Sum Insured: Excess:

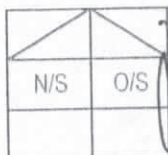
(Client's Record)

Make of Veh:

9012 8547 Ms. Neetha

(Policy Condition)

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 ^{lup}

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLU 78706 Yr Regn: /
Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MASERATI

Colour: Green

Sp. Reading: 23060

Eng/No:

C/No: 2N6TU61C 00X269666

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 255/60R18

R:

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 12/10/18

Survey held at

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

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 10/12/18

280, OCEAN DRIVE

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

Report Format :

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

TOTAL