

INS. CASE OWNER:

Wang Peter

CC 4, Asm 180 22336, Dja3

LKK:

IDAC:

86574

Surveyor:

AB7

DOI:

ASSIGNMENT

10/12/18

Date / Time :

7/12/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMF 5799K

Claim No. :

88m 01548

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

4/12/18

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

FBM 2982K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Sg 98 mdu



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FBM 2982K, X; SMF 5799K, 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]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

Barcode

REF:

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.

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PBM 2982K Yr Regn 2017 Sept

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

Truck / Trailer or

Make: Yamaha Sniper C.C. 150

Colour: Red / Black A/C: Insured / Std / NI / NA

Sp. Reading: 24298 T/Radio: Insured / Std / NI / NA

Eng/No: G3E6E0296682

C/No: MH3UG0740 H0057688

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: 70/90 R17

R: 120/70 R17

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

TOYO / YOKO or Dunlop

Front

Rear

R/Bal. 3 mm

R/Bal. 3 mm

L/Bal. mm

L/Bal. mm

D.O.A. 04/12/2018

D.O.I. 10/12/2018

Survey held at SG 98 Main Amik

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

O/S Front y O/S Bay y O/S Rear

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

Date / Time

Action / Instruction

AxA BMF 5799K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$)

☐ S + RS. SI

☐ Interview (\$)

☐ Photos

☐ Tech. Invs (\$)

☐ Others

☐ Weekend (\$)

TOTAL

Report Format :

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