

15/5/2010

INS. CASE OWNER:

kg Hai Chuan

CC 4, UK 180

22732, T1 ja3

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SMF 3570R



INSRS:

WSP:

Tel :

Liability :

RMKS:

motor image



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SMF 3570R, X ; SUK 5828 X, X	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:	SS\$ (days) Reduction:	%	
FINAL SETTLEMENT	Date/Time:	Confirm with:	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		
Repair Cost:	SS\$		
Loss of Rental (LOR):	SS\$ (days)		
Loss of Use (LOU):	SS\$ (\$ x days)		
Loss of Income (LOI):	SS\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	SS\$		
Medical:	SS\$		
Disbursement:	SS\$ (e.g. Tow/ Independent)		
Legal Cost	SS\$		
Total:	SS\$	Global Sum SS\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	SS\$	Name 1:	
Payee 2: (Strike if N.A.)	SS\$	Name 2:	
Payee 3: (Strike if N.A.)	SS\$	Name 3:	

Surveyor

Taylor

REF: AUH

ASSIGNMENT

From: Date: 19.12.2018

Estimated Cost:

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

To Inspect Vehicle No:

SMF 3570R

at Workshop m/s

Motor Image

of

35 Long Kee Rd

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

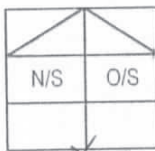
Make of Veh:

Jeff

(Policy Condition)

I am owner waiting

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMF 3570R

Yr Regn:

2018, Nov

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

Truck / Trailer or

Make:

Subaru XV

C.C

1995

Colour

Orange

A/C: Insured / Std / NI / NA

Sp. Reading

1490

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SF16T7KL8JG 007593

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R18

R:

2 2

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

19/12/2018 11/5

Survey held at

Motor Image by Kee

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

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

Date / Time

Action / Instruction

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 (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS. SI

) Photos

) Others

Report Format :

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

TOTAL