

15/5/2010

INS. CASE OWNER:

CC 4/EQ1802

LKK:  
IDAC:

Surveyor:

Ragunl

DOI:

ASSIGNMENT

n/v/g

Date / Time :

n/v/g

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBF 5545G

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SLN 82472



INSRS:

WSP:

Tel :

Liability :

RMKS:

w/konayen



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	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:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <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\$		
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

1981  
Surveyor

Paul

REF: EQ1

77485

ASSIGNMENT

From: Date: 3/01/18

Estimated Cost:

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

To Inspect Vehicle No: SLN 8247L  
at Workshop m/s Volkswagen  
of 247 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

12pm  
Meiy

(Policy Condition)

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

Bal. or Market Value: 73K

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 Cup

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLN 8247L Yr Regn: 2017 May

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

Truck / Trailer or

Make: Volkswagen GOLF A71.2 c.c. 1197

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

Sp. Reading: 49158 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NVW 222AUZH W 099433

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: 205/55R16

R:

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. 20/12/18

D.O.I. 03/01/19

Survey held at ALGEMORA RS

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 (\$)

) \$ + RS \$

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format :

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

TOTAL