

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1900

1016, Uipb3

LKK:
IDAC:

Surveyor:

m/rms

DOI:

ASSIGNMENT

16/1/19

Date / Time:

15/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

x D6513 S

Claim No.:

18/1/19 / VL05/02/27

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:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

GBG 51114



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chin
meng

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
GBG 51114 x D6513 S	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:	S\$	(days) Reduction:	%
		Confirm by: Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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 + LO ☐ [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:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Signature *Mercus*

REF:

LPC

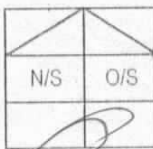
ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: *GBG 5111U.*
 at Workshop m/s *Chin Meng*
 of *1 Kaki Bukit Ave 6 #01-40*
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

16/1/2019

(Policy Condition)

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



Bal. or Market Value: *526*
 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: *GBG 5111U* Fr Regn: *8 17*
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or *(M)*
 Make: *KIA K2000* C.C. *2497*
 Colour: *Blue* A/C: Insured / Std / NI / NA
 Sp. Reading: *61809* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: *KNCSJX76LM 7165902*
 Gen. Cond: *Good* / Fair / Poor / Burnt
 Steering: *Order* / Jammed / Leaked / Burnt or
 Brake: *Order* / Jammed / Leaked / Burnt or
 Modi: *Nil* / S/Rim / STD A/Rim or
 Tyre Size: F: *185 R15 35*
 R: *5.00 R12*
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *hankook*
 Front _____ Rear _____
 R/Bal. *6* mm R/Bal. *6/6* mm
 L/Bal. *6* mm L/Bal. *6/6* mm
 D.O.A. *12/1/2019.* D.O.I. *16/1/18*
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>17/1 36(77)</i>	<i>Sys. Path Rep 6h.</i>

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

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$