

15/5/2010

INS. CASE OWNER:

CC 6 / III1900 4413, Keb3

LKK:
IDAC:

Surveyor: Fenneth

ASSIGNMENT

DOI: n/v/a

Date / Time: n/v/a

Registered in Merimen: n/v/a

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4981B
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :\$\$_ D.O.A : 5/1/09
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place 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

SHD 4575Y



INSRS:
WSP: OPTIMA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	<u>SHD 4575Y - CC 6 / III 18005700 / 23/04/09 n/v/a</u>	STAGE	DATE / PIC
	<u>SHD 4981B - x</u>	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)	<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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	\$\$_ (_____ days) Reduction: _____ %		
FINAL SETTLEMENT	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:	\$\$_		
Loss of Rental (LOR):	\$\$_ (_____ days)		
Loss of Use (LOU):	\$\$_ (\$ x _____ days)		
Loss of Income (LOI):	\$\$_ (\$ 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	\$\$_		
Medical:	\$\$_	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$\$_ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$\$_	3) Survey fee:	
Total:	\$\$_ Global Sum \$\$_		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$\$_ Name 1: _____		
Payee 2: (Strike if N.A.)	\$\$_ Name 2: _____		
Payee 3: (Strike if N.A.)	\$\$_ Name 3: _____		

REF: III

ASSIGNMENT

From _____ Date: 21-01-2019

Estimated Cost: _____

OD / TP / PWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLH 4575Y

at Workshop n/s Optima Werkz

of 9A Serangoon North Ave 5

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SLH 4575Y Yr Regn: 11 16

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

Make: Toy Aqua C.C. 1496

Colour: M.P. White A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: NHP10 258748

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

Morning

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

(Policy Condition)

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

Bal. or Market Value: \$ 69k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: Archille, 175/65R15 R: Hankook

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal. 2 mm	R/Bal. 2 mm
L/Bal. 2 mm	L/Bal. 2 mm
D.O.A. 5/1/19	D.O.I. 21/1/19

Survey held at _____

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

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

Date / Time	Action / Instruction
22/1	Rel pass to Car

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1) \$ + RS, SI

2) Photos

3) Others

4) _____

TOTAL

Add Fee: Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)