

15/5/2010

INS. CASE OWNER:

valle

CC Y Asm 1697, U ebh  
AXA1900

LKK:  
IDAC:

Surveyor:

ups

DOI:

ASSIGNMENT  
25/1/10

Date / Time :

25/1/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBB 5913Z

Claim No. :

5 AMO1BRV | 05440

Name of Insured :

EWANH SIMA SMILIMBERGYPH

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A. :

W/L/M

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

SUK 815R



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Mock  
Wah.



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
25/1/10	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: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: \$\$ ( 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: \$\$ Loss of Rental (LOR): \$\$ ( days)

Loss of Use (LOU): \$\$ (\$ x days) Loss of Income (LOI): \$\$ (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LO  [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 \$\$: Email  Call

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$\$ Name 1: Payee 2: (Strike if N.A.) \$\$ Name 2: Payee 3: (Strike if N.A.) \$\$ Name 3:

REF: ASM(LAXA)

ASSIGNMENT

From: \_\_\_\_\_ Date: 25012019

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: SLK 815R

at Workshop m/s: Hock Wah

of: 900b Tampines Ind Park A #01-202

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: SLK 815R Yr Regn: 10/14

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

Truck / Trailer of: (A)

Make: KIA Sorento C.C. 2359

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

Sp. Reading: S-4060 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNAKU 8/6M E 556 449

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

(Policy Condition) 10am - 11am

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

N/S	O/S

Bal. or Market Value: 706.

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Tyre Size: F: 235/55-R19 R: \_\_\_\_\_

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

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm

D.O.A. 22/1/19 D.O.I. 25/1/19

Survey held at \_\_\_\_\_

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

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

Date / Time	Action / Instruction
	If owner insist want chye type LTA 61436 have video of folder

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

1) \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  Site Insp (\$ )  S + RS. SI

Interview (\$ )  Photos

Tech Invs (\$ )  Others

Weekend (\$ )

TOTAL