

INS. CASE OWNER:

cc 6, CTI 1900 1784, Uea3

LKK:

IDAC:

Surveyor:

m. Jones

DOI:

ASSIGNMENT

28/01/19

Date / Time :

28/01/19

Registered in Merimen:

Pre-assign / CCU / FTE

SHX 88M



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

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

SBL 8828P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Festech



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SBL 8828P - X; SHX 88M - X

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:

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:

Confirm by:

Repair Cost:

S\$

(

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:

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 + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1/13) we
3. REC. BY: Marcus

REF:

CT1/

ASSIGNMENT

am: _____ Date: _____
Estimated Cost: _____
2. TP / WS / TP RES / OD RES / EVA / INV / MV
Inspect Vehicle No: SRL 8828
Workshop m/s: Py
Insured: SAX 88m
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 506.
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: 2 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

N/S	O/S

Veh No: SRL 8828 Yr Regn: 6, 09
Type: CAI M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CAI
Make: Toyota Camry C.C. 2362
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 157250 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MRO53BK 4007034691
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/55R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: 6 mm Rear: 6 mm
R/Bal. _____ mm R/Bal. _____ mm
L/Bal. _____ mm L/Bal. 6 mm
D.O.A. 26/1/19 D.O.I. 28/1/19
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
	<u>Issue G.A. on 31/1/2029 LIA 30214</u>

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

1) Date/Time, File Return to?
2) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS, SI
Photos
Others

Report Format : _____
Lump Sum / I.B.I: (\$ _____)