

INS. CASE OWNER:

CC 4/111 1900 2582, Dp03

LKK:

IDAC:

Surveyor:

ABT

DOI:

ASSIGNMENT

12/2/19

Date / Time :

12/2/19

Registered in Merimen:

12/2/19

Pre-assign / CCU / FTE

SHO 6512J



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

9/2/19

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

SHO 4494R



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHO 4494R - 04/11/16 22:04 / 160392, 007: 18/1/16
 SHO 6512J - 07/11/16 16:08 / 58142392, 007: 10/6/16

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\$

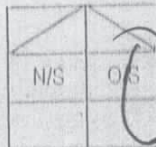
Name 3:

REF:

ASSIGNMENT

COR Sept 2020

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 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: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 14 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHD 4494R** Yt Regn: **Sept 2012**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Sonata** C.C: **1991**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **N.A.** T/Radio: Insured / Std / NI / NA
 Eng/No: **D4EAL195837**
 C/No: **KMHBT4IVMCA830419**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Good** / Jammed / Leaked / Burnt or
 Brake: **Good** / Jammed / Leaked / Burnt or
 Modl: **Nil** S/Rim / STD A/Rim or
 Tyre Size: F: **215/60 R16**
 R: **11**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Henkook**
 Front: _____ Rear: _____
 R/Bal: **5'** mm R/Bal: **5'** mm
 L/Bal: **5'** mm L/Bal: **5'** mm
 D.O.A: **09/02/2019** D.O.I: **13/02/2019**
 Survey held at: **Chunni AME**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Front y O/S Body y O/S Rev
 The U/C / Chassis/frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TI SHD 65125

Vehicle balance 19 months.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Insp (\$)
☐ Weekend (\$)
☐

Transportation

) \$ + R5 \$

) Photo's

) Other

TOTAL

Report Format:

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