

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900

LKK:

IDAC:

Surveyor:

Kasm

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

HP:

D.O.A :

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

GBE 8710



INSRS:

WSP:

Tel :

Liability :

RMKS:

Kong
Sheng

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:
Repair Cost:	\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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:	\$	
Disbursement:	\$	(e.g. Tow/ Independent)
Legal Cost	\$	
Total:	\$	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with
Payee 1:	\$	Name 1:
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Email ☐ Call ☐

John

REF:

8306H

Name

Date

Estimated Cost

OD (TP / WS / TP RES / OD RES / EVA / INV / MV)

To Inspect Vehicle No. **GBG 871C**

at Workshop no's **Rough SHENH**

of **42, 704 GUM RD EAST #01-79**

Insured

Policy No.

Claims No.

Sum Insured

Excess

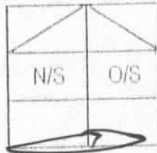
(Client's Record)

Make of Veh.

(Policy Condition)

ERIC

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



Bal. or Market Value:

ID/A: Accident Rpt. Consistent? : Yes or No

GIA / FR 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:

Date / Time Action / Instruction

Veh No

GBG 871C

Vt Regn

2015 86P

Type: M/Car / M/Cycle / Bus / Van / Lotry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA DYNA 150M

2982

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

135005

T/Radio: Insured / Std / NI / NA

Eng/No:

JTFAT354 70K 204592

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: N / S/Rim / STD A/Rim or

Tyre Size:

F:

155R15C

R:

155R12C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

MAXIMILLER

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A.

21/01/19

D.O.I.

21/02/19

Survey held at

Rough SHENH

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

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

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

) Other

)

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$