

15/5/2010

INS. CASE OWNER:

CC 3 / III 1900

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

Date / Time:

15/7/10

Registered in Merimen:

20/7/10

Pre-assign / CCU / FTE



Insured Vehicle No. :

SH 6405J

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A. :

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

SHD 52955



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
cab

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 52955 - CCB / HLP / H / 03060 / KCB / 15/8/10	Non-Reporting ltr (1st):	
SH 6405J-4	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:		Confirm by:	
FINALIZATION	Date/Time:	Confirm with:		Email ☐ Call ☐	
Repair Cost:	S\$	(days) Reduction:	%		
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\$	(S x days)			
Loss of Income (LOI):	S\$	(S x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]				
GIA/LTA Search	S\$				
Medical:	S\$				
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$			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:			

ASS. REC. BY:

REF: Ty /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tune Cob

of _____

Insured: _____

Policy No. _____

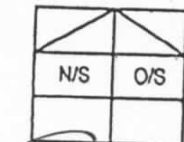
Claims No. _____

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: 02 days Res.: Yes or NoLum Sum: 1-B.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 52P5S Yr Regn: 01.19

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

Truck / Traller or

Make: Toy Prow c.c. 1798Colour: M.P. White / Red A/C: Insured / Std / NI / NASp. Reading: 8409 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB 3FU 30 3079127Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 22/2/19D.O.I. 25/2/19

Survey held at _____

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

Rear N/S

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

Date / Time

Action / Instruction

1/ File pass to
81648.93

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2)

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

TOTAL

Report Format :

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