

INS. CASE OWNER:

CC 3, LPL 1900 3869, 14 ja3

LKK:
IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

25/4/19

Date / Time :

25/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBH 6175 Z



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 11/2/19

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

SHe 6028 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Premier



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHe 6028 X. X ; GBH 6175 Z - 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:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp ed Vehicle No:

at Workshop m/s

91

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.

N/S	O/S

Bal. or Market Value:

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
100	100	Yes
90	90	Yes
80	80	Yes
70	70	Yes
60	60	Yes
50	50	Yes
40	40	Yes
30	30	Yes
20	20	Yes
10	10	Yes
0	0	Yes

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
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Longue

Date/Time, File Pass to?

☐: Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: .

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐: Interview (\$.

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

$$) \left(\frac{S}{S+RS} \right) \left(\frac{S}{S+RS} \right)$$

Photos

Others

TOTAL