

INS. CASE OWNER:

CC 6/ AG 1900 3735, Area 7

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

26/1/19

Date / Time:

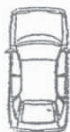
26/1/19

Registered in Merimen:

27/2/19

Pre-assign / CCU / FTE

SKR 7069 G



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 21/1/19

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

SLF 1268P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Skr-Hwa



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		
SLF 1268P - C6/AG 12000 874/ Ayb392; 009: 31/1/19	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:	S\$ (days) Reduction:	%
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
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\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
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:

Adrian

ASSIGNMENT

From:

Date:

Veh No: SLF1268P Yr Regn: 2016 / August

Estimated Cost:

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make: Renault Kadar c.c. 1461

at Workshop m/s

Colour Gold A/C: Insured / Std / Nil / NA

of

Sp. Reading 43777 T/Radio: Insured / Std / Nil / NA

Insured:

Eng/No:

Policy No.

C/No: VFIRFE00655374818

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

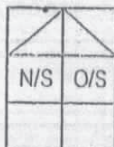
(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size: F: 225/45R19R: 225/45R19Remark: The veh had commenced its
repair at the time of inspection.

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

TOYO / YOKO or Continental

Bal. or Market Value:

Front 06 mm Rear 06 mm

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal. 06 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal. 06 mm

Est. Repairs:

days

Res.: Yes or No

D.O.A. 26/02/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at S/n three

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

TPA16MV :PV :Nett :

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

_ S + RS, _ SI

Photos

Others

TOTAL

Prel. Report:

Final Report: