

INS. CASE OWNER:

Sheeni

CC

4/11/1900 3832, K2039

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Ksc

DOI:

1/3/19

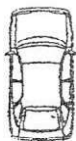
Date/Time:

1/3/19

Registered in Merimen:

1/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHO 6602H

Claim No.:

Name of Insured:

C/M

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

28/1/19

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

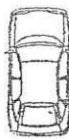
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

GJ 1518 G



INSRS:

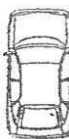
WSP:

Tel:

Liability:

RMKS:

May Whee



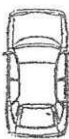
INSRS:

WSP:

Tel:

Liability:

RMKS:



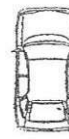
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

4/3
16/4GJ 1518 G - call me 11/11/19 for April; bsa: 22/1/19
SHO 6602H - call me 11/11/19 for April; bsa: 29/1/19

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:

16-04-19

SEEK MANDATE FOR LIABILITY.

MANDATE APPROVE LIABILITY.

EMAIL WSP LIABILITY CLEAR.

22/8/19 - File -> type mandate

29/1/2020 - No response from TP.
- Submit up to TP.

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:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

OID REPAIR ENDED TP

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:

350.00

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: TV /Kenneth**ASSIGNMENT**

From: _____

Date: _____

Estimated Cost: _____

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

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 07 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: GJ 1518GYr Regn: 03, 18

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

Truck / Trailer or _____

Make: PeugeotPartm c.c. 1560Colour: N. Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 27623

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 37FB14YMHJ754443Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or Kleber

Front

Rear

R/Bal. 0 mmR/Bal. 0 mmL/Bal. 0 mmL/Bal. 0 mmD.O.A. 28/1/19D.O.A. 1/3/19

Survey held at _____

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

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

Date / Time

Action / Instruction

1 File pass toUS \$ 4150.00 (Red. \$ 625.00 / 60%).

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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