

INS. CASE OWNER:

CC 4, 11 1900 3944, Dha3

LKK:
IDAC:

Surveyor:

ABT

DOI:

ASSIGNMENT

4/3/2014

Date / Time:

4/3/19

Registered in Merimen:

4/3/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3321M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 1-3-19

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

SHB 4346X

INSRS:
WSP:
Tel :
Liability :
RMKS:

Chunm

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 4346X - CST/CLY 900 76471 09d3 ; 00A: 10/12/19	Non-Reporting ltr (1st):	
	- LCR 1800 4625 / Pw6397 ; 00A: 01/3/18	Non-Reporting ltr (2nd):	
	- M/LWC 1800 3256 / Clg6n2 ; 00A: 23/7/18	Non-Reporting ltr (Final):	
	SHD 3321M - M/LWC 11024 703/52 ; 00A: 26/6/11	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. :	
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:	

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

REF:

ASSIGNMENT

COR 2023 Jan

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:

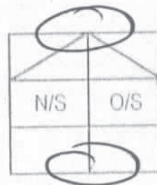
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

9

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

SHB 4346 X

Yr Regn

Jan 2015

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

Truck / Trailer or

Make:

Hyundai I40

C.C.

1685

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

508063

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4FDFU595972

C/No:

KMHLB41UMFU065729

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 205/60 R16

R:

— " —

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

01/03/2019

D.O.I.

05/03/2019

Survey held at

Chunni AMK

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

Front y Rear

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

Date / Time

Action / Instruction

TIL SHD 3321M

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Invs (\$)



Weekend (\$)

) 3+RS SI

) Photos

) Others

Report Format :

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

TOTAL