

15/5/2010

CC 6/III1900

4116, E+63

LKK:

IDAC:

INS. CASE OWNER:

Surveyor:

STEVE

DOI:

ASSIGNMENT

5/2/14

Date / Time :

5/2/14

Registered in Merimen:

5/2/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 3985Y

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

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 3985Y

SHD 5271B

SDA 83H



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

wah
wano
TP

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
5/2/14	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:	SS	(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:	SS	
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS	(\$ x days)
Loss of Income (LOI):	SS	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS	Global Sum SS: Email ☐ Call ☐
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

Surveyor

Steve

REF:

#1

ASSIGNMENT

From:

Date:

05/3/19

Estimated Cost:

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

To Inspect Vehicle No:

SJH 5331 B

at Workshop m/s

Wah Hong

of

38 Toh Guan East #01-57

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Michael @ morning

(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:

days Res.: Yes or No

Lum Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

MV - 24,000

PL - 15,159

PL - 8841

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐

Preli. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

Survey Fee:

Transportation

) S + RS, SI

) Photos

) Others

TOTAL

Veh No:

SJH 5331 B

Yr Regn:

13/08/2008

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

Truck / Trailer or

Make:

Mitsubishi Lancer

C.C. 1.5

Colour

Black

A/C Insured / Std / NI / NA

Sp. Reading

103978

T/Radio: Insured / Std / NI / NA

Eng/No:

JMYSRCY 2A 8U 098516

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

R/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

27/2/19

Rear

R/Bal.

3

mm

L/Bal.

3

mm

D.O.I.

5/3/19

Survey held at

Wah Hong

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

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