15/5/2010

INS. CASE OWNER: CC 4 /LPC1900 4358,72663

LKK:
IDAC:

ASSIGNMENT

Surveyor: Tanftah. DOI: 12/7/14. Date / Time : 11/7/14.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 4099A
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 6/7/14.
Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. : 18/19/19/4905/0meq98
Policy No. :
Make / Model :
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SJP 9579E ⟶ SJW 4099A ⟶ SJS 7467Y ⟶ SHC 5382D

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: Auto Insure WSP: Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJS 7467Y – 4 SJW4099A – 4

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$ (S x days)		
Loss of Income (LOI):	S$ (S x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	**[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

Surveyor: Taufik | REF: HPC

ASSIGNMENT

From: Date: 12/3/2019

Estimated Cost:

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

To Inspect Vehicle No: SJS 7467 Y

at Workshop m/s Auto Insure

of 6, MARSILIAN LANE

Insured:

Policy No.

Claims No.

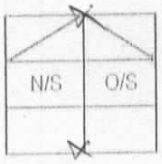
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $20K

IDAC Accident Rport: 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 (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJS 7467 Y Yr Regn: 2009 (Reg)

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

Make: Honda Stream c.c 1799

Colour Blue. A/C: Insured / Std / NI / NA

Sp.Reading 129 362 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RN6 3002631

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/50R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	12/3/19 @ 2.30pm	

Survey held at Auto Insure

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

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

Rebate: $11,153

Date / Time	Action / Instruction
	Inform w/s limit $7K.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($)

☐ Interview ($)

☐ Tech. Invs ($)

☐ Weekend ($)

S + P$ $

Photos

Others

TOTAL

Report Format:

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