15/5/2010

INS. CASE OWNER: CC 6 QBE 1900 4919 Ajaz   LKK: IDAC:

Surveyor: WP   **ASSIGNMENT**   DOI: 14/3/19   Date / Time: 14/3/19

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 709A   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A 23/02/2019 18:30   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**

GBC 13425 →   →   →   →

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

Date/ Time			STAGE	DATE / PIC
	GBC 13425 - X;		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
	PAYMENT PAY TO WKSP OWNER AS THE WKSP IS CLOSED.		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:	

PRELIMINARY ADVICE Date/Time: ___ Sent By: ___ | Post-Repair Photos: | |
| | Others: | |

FINALIZATION Date/Time: ___ Confirm with: ___ Confirm by: ___

Repair Cost: L/sum	S$ 1,800.00 (3 days) Reduction: 53 %		Email ✓ Call
FINAL SETTLEMENT	Date/Time: 06/06/2022 Confirm with: Tek Soon		Email ✓ Call
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,800.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 240.00 ($ 80 x 3 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$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $400.00
Total:	S$ 2,040.00 Global Sum S$:	
FINAL PAYMENT	Date/Time: ___ Confirm with: Ng Tek Chin	Email ✓ Call
Payee 1:	S$ 2,040.00	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

ASS. REC. BY:

REP:

Adrian

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBC1342S.   Yr Regn: /

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

Truck / Trailer or

Make: Mit Canter   c.c

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

Sp.Reading 358406   T/Radio: Insured / Std / NI / NA

Eng/No:

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: 155/70R15C.
            R: 155/70R15C

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	14/03/19

Survey held at   Te/c Soon

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

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

Date / Time	Action / Instruction
	TP QBE
	MV :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S +RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	