

INS. CASE OWNER:

CC 3, CT1 1900 5058, Kfa3

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

18/3/19

Date / Time:

18/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJK 45320

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

12/3/2019

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

SHO 620 U



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHO 620 U - NA/CT1 1900 4615/13 : DOA: 12/3/19
 SJK 45320 - NA/CT1 1900 4615/13 : DOA: 28/4/18
 - NA/CT1 1900 4615/13 : DOA: 12/3/19

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:

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\$

(\$

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:

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:

CTZ

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1.3.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S140 6204

Yr Regn:

11.17

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1995

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

196312

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL5AUC 283399

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:

215/60R16

R:

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

Giti

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

12/3/19

D.O.A.

18/3/19

Survey held at

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

N/S 131

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

Date / Time

Action / Instruction

1

File pass to
84260.64

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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