

INS. CASE OWNER:

CC3 / 111 1900

5099, K11ha3

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

28/2/19

Date / Time:

28/2/19

Registered in Merimen:

26/3/19

Pre-assign / CCU / FTE

SH7642J
CTPL

Insured Vehicle No.:

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:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO-)

Insured Liability: %

Final ? Yes / No

SH8820S



INSRS:

WSP:

Tel:

Liability:

RMKS:

Pranran



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB88205 Yr Regn: 27 Feb, 2014

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

Truck / Trailer or

Make: KIA Optima c.c. 1682Colour: Silver A/C: Ins On / Std / NI / NASp. Reading: 525802 T/Radio: Ins On / Std / NI / NA

Eng/No: _____

C/No: KNAM414MES 454860Gen. Cond: Good FF / Poor / BurntSteering: In On / Jammed / Leaked / Burnt orBrake: In On / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD On / Rim orTyre Size: F: 205/65R16

R: _____

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

TOYO/YOKO or HankookFront 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 23/2/19 D.O.I. 25/2/19Survey held at Premier

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

n/s body

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

Date / Time	Action / Instruction
<u>2/3/19</u>	<u>Chd 1/5 \$1600 / 3 hrs.</u>

Subsequent Report
Premier

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL