

15/5/2010

INS. CASE OWNER:

CC 4/LPC1900 5123, 4/10/10

LKK:

IDAC:

Surveyor:

mmms

DOI:

ASSIGNMENT

1/11/10

Date / Time :

10/11/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 533D

Claim No. :

19/11/10/05/01547

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

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

Sjx 16/11/10



INSRS:

WSP:

Tel :

Liability :

RMKS:

ngel sing



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
Sjx 16/11/10 - X	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:
FINALIZATION Date/Time:		Confirm with:
Repair Cost:	\$	(days) Reduction: %
FINAL SETTLEMENT Date/Time:		Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$	
Loss of Rental (LOR):	\$	(days)
Loss of Use (LOU):	\$	(\$ x days)
Loss of Income (LOI):	\$	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	\$	(e.g. Tow/ Independent)
Legal Cost	\$	
Total:	\$	Global Sum \$:
FINAL PAYMENT Date/Time:		Confirm with:
Payee 1:	\$	Name 1:
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3:

(08/11/13)

REF: LPCSurveyor: Mums**ASSIGNMENT**

From: _____

Date: 21/3/2019Veh No: SJX16174Yr Regn: 5-110

Estimated Cost: _____

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD / TP / WS / TP RES / OD RES / EVA / INV / MVTruck / Trailer or CA /To Inspect Vehicle No: SJX16174Make: Toyotac.c. 1497at Workshop m/s Ngee Eng AutoColour: GrayA/C: Insured / Std / NI / NAof Blk3022A Ubi Rd 1# 01-50Sp. Reading: 173753T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: MR 053H49305165944

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____

Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

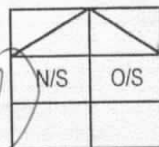
Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60R15

R: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.Bal. or Market Value: 16k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: 9

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS lwp

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

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

TOYO / YOKO or Dayton

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/3/19D.O.I. 21/3/19

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orNil Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

17A 9808

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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