

INS. CASE OWNER:

CC 4/11 1900 6033, 623

LKK:

IDAC:

Surveyor:

CSU

ASSIGNMENT

DOI:

29/04/2019

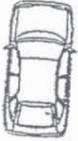
Date / Time:

5/4/2019

Registered in Merimen:

4/4/19 by WSP

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 7384 X

Name of Insured:

OTPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

29/3/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

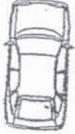
SLCB 362P

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No



INSRS:

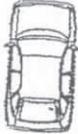
WSP:

Tel:

Liability:

RMKS:

M-W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SLCB 362P - CS/MSC 1700 (28/1/19) ; DON: 16/1/19
SHA 7384 X - CS/M 1400 (6/3/19) ; DON: 27/3/19
- CS/LCR 1700 (4/4/19) ; DON: 1/4/19

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:

RELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: S\$

(

days) Reduction:

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Total Liability: %

(Agreed / Assessed) BOLA S/N No. :

Email

Call

Repair Cost: S\$

If NO or B 28, Ass. Lia :

Cost of Rental (LOR): S\$

(days)

Cost of Use (LOU): S\$

(\$ x days)

Cost of Income (LOI): S\$

(\$ x days)

R only LOU only

LOR + LOU

LOR + LOI

[Tick only one]

AVTA Search S\$

Medical: S\$

Disbursement: S\$

Total Cost S\$

(e.g. Tow/ Independent)

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

Fee 1: S\$

Name 1:

Fee 2: (Strike if N.A.) S\$

Name 2:

Fee 3: (Strike if N.A.) S\$

Name 3:

108/11/14

Arrival

REF: III

6033 / Kjos

email assign?

ASSIGNMENT

From: _____ Date: 29.4.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SKB 362P

at Workshop m/s Ah Lim Motor

of NO 10 AMK IND PK2A #01-09

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 10.30am owner waiting

Veh No: SKB 362P Yr Regn: 04 11

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

Make: Bmw 320i^{A1} c.c. 1995

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 165990 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAP 656090NM 26512

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: 225/45R17

R: _____

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

Front R/Bal. 6 mm Rear R/Bal. 7 mm

L/Bal. 6 mm L/Bal. 7 mm

D.O.A. 29/3/19 D.O.I. 29/4/19

Survey held at _____

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.

(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

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

CA / REV / REP. / 24 HRS ^{ring}

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

Date / Time	Action / Instruction
29/4	Ask for scene photos if any from insurance
	Wisp wants to proceed (DS)

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____

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, SI _____

Photos _____

Others _____

TOTAL _____