

INS. CASE OWNER:

CC 3 EAL 6234, Jhb3.
/ETH 1900

LKK:

IDAC:

Surveyor:

HJ.

DOI:

ASSIGNMENT

8/4/19

Date / Time :

8/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBJ 2555B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

5/4/19

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

GMB 1477C



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMRT.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
GMB 1477C GBJ 2555B 3 M/F 1/10/19 06/19/19 4/19/19 5/4/19	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:	
	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:	\$	(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:	\$		
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:	\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$		3) Survey fee:
Total:	\$	Global Sum \$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$	Name 1:	
Payee 2: (Strike if N.A.)	\$	Name 2:	
Payee 3: (Strike if N.A.)	\$	Name 3:	

NAME: Hwee Jie

REF: CTI

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.

	
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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMB1437C Yr Regn: 24/7/14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Man A22 C.C. 16518
 Colour: Multi Colour A/C: Insured / Std / NI / NA
 Sp. Reading: 371790 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WMAA2222BE7002154
 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: 275/70R22.5
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental

Front		Rear	
R/Bal. <u>2</u> mm		R/Bal. <u>2/2</u> mm	
L/Bal. <u>2</u> mm		L/Bal. <u>2/2</u> mm	
D.O.A. <u>5/4/19</u>		D.O.I. <u>8/4/19</u>	

 Survey held at Sumit
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooflop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee: ☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Invs (\$
☐ : Weekend (\$

) \$ + PS. \$

) Photos

) Others

)

TOTAL
