

INS. CASE OWNER:

cc 6, 11 1900 5551, Bda3

LKK:

IDAC:

Surveyor:

Mv Lim

DOI:

ASSIGNMENT

28/3/19

Date / Time :

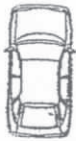
28/3/19

Registered in Merimen:

11/4/19

Pre-assign / CCU / FTE

SHA 26782 (K350S) Trade plate



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO-)

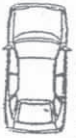
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

56X 6848Y



INSRS:

WSP:

Tel :

Liability:

RMKS:

Autoworx House



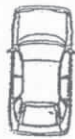
INSRS:

WSP:

Tel :

Liability:

RMKS:



INSRS:

WSP:

Tel :

Liability:

RMKS:



INSRS:

WSP:

Tel :

Liability:

RMKS:

Date/ Time

13/04/2020

PLS SEE VIEWS FOR DETAILS

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: L/sum

S\$ 2,400.00

(5 days) Reduction: 54

%

Email

Call

FINAL SETTLEMENT

Date/Time: 13/04/2020

Confirm with Ms Lee

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 22

Repair Cost:

S\$ 2,400.00

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

420.00 (\$60 x 7 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ 7.45

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/

2) Report Format: TP

3) Survey fee:

\$350.00

Total: S\$ 2,827.45 Global Sum S\$ 2,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,800.00

Name 1:

Autoworx House

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

REF:

Surveyor

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:

SHA 7678 Z

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

86X 6848Y

Yr Regn:

Sep / 07

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

Truck / Trailer or

Make:

Toyota Altis 1.6

C.C.

1598

Colour

Silver

A/C

Insured / Std / NI / NA

Sp. Reading

129 825

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRO537EC107152992

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185 / 70 R 14

R:

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

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

28/3/2019

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

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