

INS. CASE OWNER:

CC 4/10/1900 TO 19/1/2019, Kead

LKK:

IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

23/4/19

Date / Time :

21/4/19

Registered in Merimen:

21/4/19

Pre-assign / CCU / FTE

SMD 7470



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

21/4/19

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

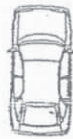
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SME 928 T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Daily Pickup



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SME 928 T - X; SME 7470 - X

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:

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:

A1G

ASSIGNMENT

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

Truck / Trailer or

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

Sp. Reading 4857 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 1117 E 2814 3700056483

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / ~~STD~~ A/Rim or

N/S	O/S

Tyre Size: F: 115/50R16
R: _____

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

Front Rear

R/Bal. ♂ mm R/Bal. ♂ mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 1/1/8 D.O.I. 23/4/19

Survey held at ☐ ☒

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

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

GIS not ready

Days Of Repair:

☐ : Final Report

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

Survey Fee:

☐: Interview (\$

Transportation:

Report Format :

☐ Tech. Invs (\$

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

☐ : Weekend (\$)
$$S + RS \rightarrow SI$$

) Photos

) Others

TOTAL