

INS. CASE OWNER:

CC 4 /AIG1900 7441 /17 p63

LKK:

IDAC:

Surveyor:

tandikh.

DOI:

ASSIGNMENT

14/6/10.

Date / Time :

6/5/10.

Registered in Merimen:

6/6/10.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SUA 84246

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

1/5/10.

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

GX 7603E



INSRS:

WSP:

Tel :

Liability :

RMKS:

Gunn
motor

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
GX 7603E 2 14/6/10 7441 /17 p63 SUA 84246 3 14/6/10 7441 /17 p63 DOI: 1/5/10	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:	Confirm 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 + LO ☐ [Tick only one]		
GIA/LTA Search \$S		
Medical: \$S		
Disbursement: \$S	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost \$S		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:	

08/11/19

Surveyor

Tang

REF: A16

ASSIGNMENT

CoE 2019 Aug

From:

Date: 14.5.2019

Veh No:

GX7603E

Yr Regn:

2004 Sep

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

GX 7603E

Make:

Nissan Urban

C.C.

2953.

at Workshop m/s

Guan Motor works

Colour

8/11

A/C:

Insured / Std / NI / NA

of

176 Sin ming drive #02-03

Sp. Reading

855/19

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

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:

200pm our entry

Modi: N/A / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size:

F:

195/15

R:

2.7

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

TOYO / YOKO or

Bal. or Market Value:

95000.

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

14/5/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Guan Motor

CA / REV / REP. / 24 HRS

emp

Vehicle: IN / OUT

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

Frt N/S

Date:

Person Contacted:

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

Date / Time

Action / Instruction

* To check Unit Repair Unit 93700.

Rebate \$1269

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Interview (\$

Tech. Invs (\$

Weekend (\$