

15/5/2010

INS. CASE OWNER:

KC

CC 4 KSM
AXA1900 8237, 4 ph3

LKK:

IDAC:

Surveyor:

MURRINS

DOI:

ASSIGNMENT

ALSTON

Date / Time :

9/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHU 5180N

Claim No. :

SAMOUMSI 114883

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

11/5/10

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

SHU 5180N



INSRS:

WSP:

Tel :

Liability :

RMKS:

KIM
MURRINS

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHU 5180N - 4	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:
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:		

Surveyor

ASSIGNMENT

From: Date: 9.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SLQ 5343X

at Workshop m/s Kim Chwee Auto
of 1 Kaki Bukit Ave 6 #01-46

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: morning

(Policy Condition)

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

Bal. or Market Value:

IDAS 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: SLQ5343X Yr Regn: 9108

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

we until 7-9-2023 LTA \$13998
have h.A have video at folder

Date/Time, File Pass to?

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