

INS. CASE OWNER:

CC 4/AIG1900 9181 / Udb.

LKK:

IDAC:

Surveyor:

mami

DOI:

ASSIGNMENT

vltan

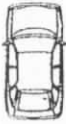
Date / Time:

vltan

Registered in Merimen:

vltan

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 13920

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 18/5/10

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

FBK 78915

INSRS:
WSP: Ertan.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
FBK 78915 - x SLH 13920 - y	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:	
Repair Cost: S\$	(days) Reduction: %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with: Email ☐ Call ☐	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
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)	
Legal Cost	S\$	
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:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FRK 78915
 at Workshop m/s SWP
 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: 7800
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FRK 78915 Yr Regn: 1, 16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda WW 150 c.c. 153
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 555-1 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RHKF18A1F7005003
 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: 90-90-14
 R: 100-90-14
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Tim Sum
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 18/5/19 D.O.I. 24/5/19
 Survey held at _____
 Des. of Damages: FRt / Rear / O/S / N/S / U/C / Rooftop or
N/S FRt, N/S Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

27A 4341 net 345928/5/19 1/5 3300 Confund with MR 700

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 / I.B.I. (\$) _____

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS \$ _____
☐ : Interview (\$ _____) Photos
☐ : Tech. Invs (\$ _____) Others
☐ : Weekend (\$ _____)

TOTAL