

INS. CASE OWNER:

CC 4/EGI1900

LKK:

IDAC:

Surveyor:

Khanchna

DOI:

ASSIGNMENT

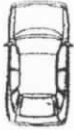
27/5/19

Date / Time :

24/5/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YQ67

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

12/5/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

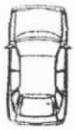
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SPW 9669N



INSRS:

WSP:

Tel :

Liability :

RMKS:

Accord
auto

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SPW 9669N - X

YQ67 - 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:

2/9/2020
khanchna

Survey done. No development. Informed ERGO via email that we will submit WP.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P S\$ 540

(

2

days) Reduction:

\$210/28 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

(Agreed / Assessed) BOI

No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Survey done. No development. Informed ERGO via email that we will submit WP.

Loss of Rental (LOR):

S\$

(

days

Loss of Use (LOU):

S\$

(

x

Loss of Income (LOI):

S\$

(\$

x

S)

LOR only

☐

LOU only

☐

LOR + LOU

☐

LO

☐

[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: WP

3) Survey fee: \$250

Total:

S\$

Global Sum

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

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:

2/15

Estimated Cost:

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

To Inspect Vehicle No:

8FW 9669U

at Workshop m/s

Accord Auto

of

10 AMK #03-11

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFW 9669U

r Regn:

01 / 08

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

Truck / Trailer or

Make:

Mit

Evo X

C.C

1998

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

13768

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

C 8 4A

0001083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size:

F:

265/35ZR18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

13/5/18

D.O.I.

27/5/18

Survey held at

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

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

Date / Time

Action / Instruction

854012

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. St

Photos

Others

TOTAL

Report Format:

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