

INS. CASE OWNER:

CC 0/11 1900 9642, Agas

IDAC:

Surveyor:

LWP

DOI:

ASSIGNMENT

30/5/19

Date / Time :

30/5/19

Registered in Merimen:

30/5/19

Pre-assign / CCU / FTE

SHD 3125M



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 29/5/19

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGP 100 C



INSRS:

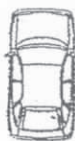
WSP:

Tel:

Liability:

RMKS:

Mg Schutten



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SGP 100 C, N/A (14/1009509/1/3 : 00A 29/5/19
SHD 3125M)

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:

2016, April

Date: _____
 Estimated Cost: _____
OD / TF / WS / TP RES / OD RES / EVA / INV / MV
 Inspect Vehicle No: _____
 Workshop m/s _____
 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

3al. or Market Value: _____

DAC Accident Rpt: _____ Consistent?: Yes or No

GIA / IR 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: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SG7100C Yr Regn: 2016 / 1
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mercedes Benz C.C. 1991
Colour Grey A/C: Insured / Std / Nil / NA
Sp. Reading 38409 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: WD02120342B308425
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: 265/35R18
R: 265/35R18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUN
TOYO / YOKO or Continental
Front Rear
R/Bal. 06 mm R/Bal. 06
L/Bal. 06 mm L/Bal. 06
D.O.A. _____ D.O.I. 30/05/19
Survey held at M.G. Solution
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop
The U/C / Chassis frame / Body Structure affected due to _____

[illegible]

Date/Time, File Pass to?	Date/Time, File Return to?	<u>Part Prices Check:</u>		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			___ S + RS, ___ SI	
5)	6)			Photos	
Prel. Report:				Others	
Final Report:				TOTAL	