

INS. CASE OWNER:

CC 6 /AIG1900 9861, Kdh.

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

7/6/10

Date / Time:

3/6/10

Registered in Merimen:

4/6/10

Pre-assign / CCU / FTE



Insured Vehicle No.:

smk 7590E

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

2/7/10

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

SYG 898AP

INSRS:
WSP:
Tel:
Liability:
RMKS:Optima
WSPINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC	
SYG 898AP - X	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:	☐	☐	
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 + 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:	

(08/11/13)

REF

M4

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 03/6/19

Estimated Cost: _____

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

To Inspect Vehicle No: SJG 8989P

at Workshop m/s Optima Werkz
of 9A Serangoon North Ave 5

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJG 8989P Yr Regn: 09, 15

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

Truck / Trailer or

Make: Audi A4 c.c. 1798

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 50882 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU 888 8K5FA 149835

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / RIM or

Tyre Size: F: 245/35ZR15

R: _____

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

* TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 7 mm

L/Bal. 6 mm

L/Bal. 7 mm

D.O.A. 27/5/19

D.O.I. 3/6/19

Survey held at _____

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

M O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

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, SI

Photos

Others

TOTAL

Report Format : _____

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