

INS. CASE OWNER:

CC 6/III1900 9A76, 11/1/19

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

6/6/19

Date / Time :

6/6/19

Registered in Merimen:

6/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 92226

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 24/6/19

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

SKE 80126

INSRS:
WSP:
Tel :
Liability :
RMKS:

Choo motor

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKE 80126 24/6/19 3/11/19 10:00 AM 9/15/19 10:00 AM 24/6/19	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: _____		
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) wef

ASS. REC. BY: MARUSREF: 111**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

061913

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

LTA 41107 have G.A. M4 (689)

Veh No:

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 / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: 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.

Rear

R/Bal.

L/Bal.

D.O.I.

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, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

) \$ + RS. \$

) Photos

) Others

Report Format :

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

TOTAL