

15/5/2010

INS. CASE OWNER:

CC 4 / III 1901

LKK:

IDAC:

Surveyor:

Rabul

DOI:

ASSIGNMENT

20/6/19

Date / Time :

19/6/19.

Registered in Merimen:

20/6/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 4173H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : S\$

D.O.A :

18/6/19.

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

SUB 84872



INSRS:

WSP:

Tel :

Liability :

RMKS:

accn  
motor sport

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                               | STAGE                                           | DATE/ PIC                                                    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|--------------------------|
| SUB 84872 - A                                                                                                                            | Non-Reporting ltr (1st):                        |                                                              |                          |
|                                                                                                                                          | Non-Reporting ltr (2nd):                        |                                                              |                          |
|                                                                                                                                          | Non-Reporting ltr (Final):                      |                                                              |                          |
|                                                                                                                                          | Notification ltr (if non-pickup):               |                                                              |                          |
|                                                                                                                                          | Call OI:                                        |                                                              |                          |
|                                                                                                                                          | After call ltr to OI:                           |                                                              |                          |
|                                                                                                                                          | <b>Documentation Check List: Handler Typist</b> |                                                              |                          |
|                                                                                                                                          | Notification ltr (if non-pickup)                | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | After call ltr to OI:                           | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | Authorisation To Act:                           | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | Release Voucher:                                | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | Final Repair Bill:                              | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | Car Rental Invoice:                             | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | Towing Invoice                                  | <input type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                          | LTA / GIA :                                     | <input type="checkbox"/>                                     | <input type="checkbox"/> |
| Medical Bill:                                                                                                                            | <input type="checkbox"/>                        | <input type="checkbox"/>                                     |                          |
| PIR:                                                                                                                                     | <input type="checkbox"/>                        | <input type="checkbox"/>                                     |                          |
| Mandate/Reject Instruction:                                                                                                              | <input type="checkbox"/>                        | <input type="checkbox"/>                                     |                          |
| LOD                                                                                                                                      | <input type="checkbox"/>                        | <input type="checkbox"/>                                     |                          |
| Payment Breakdown Form:                                                                                                                  | <input type="checkbox"/>                        | <input type="checkbox"/>                                     |                          |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                            |                                                 | Post-Repair Photos: <input type="checkbox"/>                 |                          |
|                                                                                                                                          |                                                 | Others: <input type="checkbox"/>                             |                          |
| <b>FINALIZATION</b> Date/Time: Confirm with:                                                                                             |                                                 | Confirm by:                                                  |                          |
| Repair Cost: S\$                                                                                                                         | ( days) Reduction: %                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |                          |
| <b>FINAL SETTLEMENT</b> Date/Time: Confirm with                                                                                          |                                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |                          |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]                                 |                                                              |                          |
| GIA/LTA Search                                                                                                                           | S\$                                             |                                                              |                          |
| Medical:                                                                                                                                 | S\$                                             |                                                              |                          |
| Disbursement:                                                                                                                            | S\$                                             |                                                              |                          |
| Legal Cost                                                                                                                               | S\$                                             |                                                              |                          |
| <b>Total: S\$</b>                                                                                                                        |                                                 | <b>Global Sum S\$:</b>                                       |                          |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with:                                                                                            |                                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |                          |
| 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: 20.6.2019

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLB 84872at Workshop m/s Asia Motorsportsof 15 kaki Bukit Road 4 #01-53

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

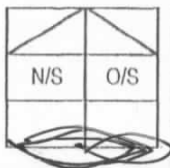
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Contact: 8006840 Loong

(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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp

Vehicle: IN / OUT

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Veh No: SLB 84872 Yr Regn: 2016 / APRType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel 1.5A c.c. 1496Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 079112 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RU11104666Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55ZR17R: -

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 18/06/19D.O.I. 20/06/19Survey held at Asia Motorsports

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

Rear

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

Date / Time

Action / Instruction

26/6/19pm - Fax adjusted estimate to repairer.

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. (\$) \_\_\_\_\_