

15/5/2010

INS. CASE OWNER:

CCP/EGI1901

0944, K163

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

20/6/10

Date / Time :

20/6/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YN 1305U

Claim No. :

YN1305U/SL/jc

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

18/6/10

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SHD 591C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Cnh

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

ERGO SETTLED DIRECTLY WITH TP.
TO SUBMIT WP REPORT

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
FINALIZATION Date/Time:		Confirm with:		Confirm by:	
Repair Cost:	P/P S\$ 6,072.05	(5 days) Reduction:	79 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ ---	NO SETTLEMENT, WP REPORT			
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] TOTAL ESTIMATE > \$10K	
GIA/LTA Search	S\$ ---				
Medical:	S\$ ---				
Disbursement:	S\$ ---	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ ---			2) Report Format: WP	
				3) Survey fee: \$350.00	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Cal <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:	---		

ASS. REC. BY:

REF: EGI

ASSIGNMENT

From:

Date:

20/6/19

Estimated Cost:

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

To Inspect Vehicle No:

SHD 5291C

at Workshop m/s

Transcab

of

No. 2 AMK st-63

Insured:

Policy No.

Claims No.

Sum Insured:

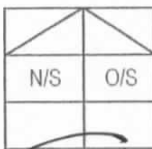
Excess:

(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:

05 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{1up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 5291C

Yr Regn:

12, 18

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

Truck / Trailer or

Make:

Toy Prius

C.C.

1798

Colour

M. White 1st

A/C:

Insured / Std / NI / NA

Sp. Reading

41222

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTOK B31FU 903078743

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 / Rim or

Tyre Size:

F:

195/65R15

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.

18/6/19

D.O.I.

20/6/19

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

Action / Instruction

P/P \$6,072.05
(RED: \$23,425.21 / 79%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

S + RS. SI

Photos

Others

TOTAL

Report Format:

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