

15/5/2010

INS. CASE OWNER:

Lynn | CC 4/ASM 1798, Aph3

LKK:
IDAC:

Surveyor:

Adrian

DOI:

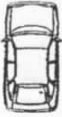
ASSIGNMENT
✓ 7/14

Date / Time :

3/5/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLQ 4783R

Claim No. :

SHM0283V | 124795

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

28/6/14

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

KB 9751L

SLQ 4783R

SJT 9007S



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP:

Tel :

Liability :

RMKS: 7P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLQ 4783R	Non-Reporting ltr (1st):	
SJT 9007S	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:	Confirm by:
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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		
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Loss of Rental (LOR):	\$S	(days)	
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Loss of Use (LOU):	\$S	(\$ x days)	
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Loss of Income (LOI):	\$S	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
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GIA/LTA Search	\$S		
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Medical:	\$S		
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Disbursement:	\$S	(e.g. Tow/ Independent)	
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Legal Cost	\$S		
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Total:	\$S	Global Sum \$S:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S	Name 1:	
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Payee 2: (Strike if N.A.)	\$S	Name 2:	
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Payee 3: (Strike if N.A.)	\$S	Name 3:	
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Adrian

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.

N/S	O/S

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

Date: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SJZ90078 Yr Regn: 2011 Jan.

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

Truck / Trailer or

Make: Volkswagen Golf. c.c. 1390

Colour Blue. A/C: Insured / Std / NI / NA

Sp. Reading 103679. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ1KZAW395241

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: 205/55 R16.

R: 205/55 R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 02/07/19.

Survey held at Dynamic.

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

TP AXA.

MV: 25K

PV: 17.3K

Nett: 7.7K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report: