15/5/2010

INS. CASE OWNER: | CC 4/III1901 1913 , Uwb3 . | LKK: IDAC:

ASSIGNMENT

Surveyor: marcus DOI: 8/7/19 Date / Time : 5/7/19.
Registered in Merimen: 5/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 6115M. Claim No. : MC19070058
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S$ D.O.A : 7/7/19. Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YM 9933J. → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Admin.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	YM 9933J ✗ SHA 6115M ✗

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)	☐	☐
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:	
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$	(S$ x days)	
Loss of Income (LOI):	S$	(S$ x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
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)

ASS. REC. BY: | REF TI

ASSIGNMENT

From: Date: 8.7.2019

Estimated Cost:

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

To Inspect Vehicle No: YM9933J

at Workshop m/s Abwin

of NO 8 Kaki Bukit Avenue 4 #07-48

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10.00a.m

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS "up" LTA (1284)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YM9933J Yr Regn: 5/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M)

Make: M.F Canter FEB21 c.c 2998

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

Sp.Reading 126075 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEB21EA 20111

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R: 195/85R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	2/7/19	D.O.I.	8/7/19

Survey held at

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

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

Date / Time	Action / Instruction
	4/5 @ 240?

Date/Time, File Pass to? : Preli. Report

1) : Final Report

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: ($)