

15/5/2010

INS. CASE OWNER:

CC 4/III1901 1901, 22963

LKK:

IDAC:

Surveyor:

Rasm

DOI:

ASSIGNMENT

a/7/19

Date / Time :

5/7/19

Registered in Merimen:

8/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SH a393P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

1/7/19

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

PC 603R



INSRS:

WSP:

Tel :

Liability :

RMKS:

WTS

ENGINEER



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
1901-1 SH a393P	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:	
Repair Cost: S\$	(days) Reduction: %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with: Email ☐ Call ☐	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$	If NO or B 28, Ass. Lia :	
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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$		2) Report Format:
		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: Jane

REF

68172

ASSIGNMENT

From: _____ Date: 9.7.2019

Estimated Cost: _____

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

To Inspect Vehicle No: PC 6031 Rat Workshop m/s W1 woodland Transport
of 8 Gul Circle

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 2009 m owner driving

(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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS my

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 6031 R Yr Regn: 2017 / SEPType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yutong ZK612HGA (CA) c.c. 6690Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 233913 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LZYTAG617H1003990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70R225R: 2 - D/O

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

TOYO / YOKO or Aufine

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 01/07/19 D.O.I. 09/07/19Survey held at Woodland Transport

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

0/S Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Report Format : _____

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

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$