

15/5/2010

INS. CASE OWNER:

CC 3/AIG1901 2205, Rwb3.

LKK:
IDAC:

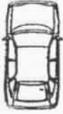
Surveyor: Kenneth.

DOI: ASSIGNMENT
1/3/19

Date / Time : 1/3/19.

Registered in Merimen: 10/3/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SKP 69007

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 5/3/19

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

SMD 559P.



INSRS: TRANS
WSP: CAR.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SMD 559P -</u>	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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm 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\$ _____ (\$ _____ 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\$ _____ 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: _____

ASS. REC. BY:

REF: A161

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

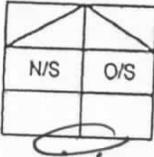
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: T.B.I. % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S140 559P Yr Regn: 07, 17

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

Truck / Trailer or _____

Make: Merant Longitude c.c. 1995

Colour M. White/Red A/C: Insured / Std / NI / NA

Sp. Reading 224635 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABL 15 AUG 283471

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or GTI

Front R/Bal. 8 mm

Rear R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 5/7/19 D.O.I. 9/7/19

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to</u>
	<u>83044.34</u>

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

1) : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ + RS. \$	
Fuel	
Others	
TOTAL	

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format : _____

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