

INS. CASE OWNER:

cc 4, ALG 190 12364, Kea3

LKK:
IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

12/3/2019

Date / Time :

Registered in Merimen:

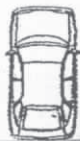
12/3/19

11/3/19

by
ALG

Pre-assign / CCU / FTE

SLK 38810



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

5/3/2019

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

SV 4330L



INSRS:

WSP:

Tel :

Liability :

RMKS:

ngs trading.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SV 4330L, X; SLK 38810 - X

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\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

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:

REF: **ALG**

ASS. REC. BY:

ASSIGNMENTFrom: _____ Date: **12/7/19**

Estimated Cost: _____

OD **(TP)** WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: **SJV 4330L**at Workshop m/s **NGS Trading**
of **Blk 10 Amk Ind. park 2A #02-01**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **Car In**

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**Bal. or Market Value: **\$20k**

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: **20** % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS **wp**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SJV 4330L** Yr Regn: **01, 10**

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

Truck / Trailer or **MPV**Make: **Honda** **Stream** C.C. **1799**Colour: **M. Gray** A/C: Insured / Std / NI / NASp. Reading: **126115** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JHMRN 6860PS201133**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: Nil / **SRim** / STD A/Rim orTyre Size: F: **205/65R15**

R: _____

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

TOYO / YOKO or **Nexen**

Front

R/Bal. **5** mmL/Bal. **5** mmD.O.A. **5/7/19**

Rear

R/Bal. **6** mmL/Bal. **6** mmD.O.I. **12/7/19**

Survey held at _____

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

O/S R

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

Date / Time Action / Instruction

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 / L.B.I: (\$)