

15/5/2010

INS. CASE OWNER:

CC 4 / FWD1901

2007, Apr 27

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

16/7/19

Date / Time :

16/7/19

Registered in Merimen:

16/7/19

Pre-assign / CCU / FTE

SKF 11995



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

14/7/19

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

Sug 4125C



INSRS:

WSP:

Tel :

Liability :

RMKS:

mgt  
solution

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                               | 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:                                  |                                                                            |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By: Confirm by:                                                                                                |                                          |                                                                            |
| <b>FINALIZATION</b>                                                                                                                                      | Date/Time:                               | Confirm with:                                                              |
| Repair Cost: S\$                                                                                                                                         | ( days) Reduction: %                     | Email <input type="checkbox"/> Call <input type="checkbox"/>               |
| <b>FINAL SETTLEMENT</b>                                                                                                                                  | Date/Time:                               | Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [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:                                                          |
| <b>Total:</b> S\$                                                                                                                                        | <b>Global Sum S\$:</b>                   | 3) Survey fee:                                                             |
| <b>FINAL PAYMENT</b>                                                                                                                                     | Date/Time:                               | Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$                                                                                                                                             | Name 1:                                  |                                                                            |
| Payee 2: (Strike if N.A.) S\$                                                                                                                            | Name 2:                                  |                                                                            |
| Payee 3: (Strike if N.A.) S\$                                                                                                                            | Name 3:                                  |                                                                            |

100/11/134

REF: FWD

Quireyur

## ASSIGNMENT

From: \_\_\_\_\_ Date: 16.7.19

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLJ 4125 C

at Workshop m/s MG Solution

of 23 Raki Bukit Ave 4 #02-03 B

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 <sup>sup</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLJ4125C Yr Regn: 2010 / June.

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

Make: Volkswagen Scirocco c.c 1390

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

Sp. Reading: 185325 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WVV222132AV440025

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: 235/40R18  
R: 235/40R18

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. 14/07/19 D.O.I. 16/07/19

Survey held at MG Solution.

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

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

| Date / Time | Action / Instruction                                       |
|-------------|------------------------------------------------------------|
|             | TP FWD.                                                    |
|             |                                                            |
|             |                                                            |
|             | MV: 20K                                                    |
|             | PV: 14K                                                    |
|             | Nett: 6K                                                   |
|             | Video is provide by Jasey (FWD) put inside Adrian P/Drive. |

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: \_\_\_\_\_

☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

TOTAL

Report Format : \_\_\_\_\_

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