15/5/2010

INS. CASE OWNER: | CC 6 / AIG 190 012 6331 A kg3 | LKK:
IDAC:

Surveyor: Adrian DOI: 16/7/19

ASSIGNMENT

Date / Time: 16/7/19
Registered in Merimen: 17/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SGZ 6800 Z   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____ D.O.A : 12/7/19   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
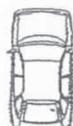Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**

SKS 7446 X ⟶ _____ ⟶ _____   ⟶ _____

INSRS: INSRS: INSRS: INSRS:
WSP: kang car WSP: WSP: WSP:
Tel : Tel :   Tel : Tel :
Liability : Liability :   Liability : Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
	SKS 7446 3X	Non-Reporting ltr (1st):	
	SGZ 6800 Z X	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$	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:

REF:

Action

From:	Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

Bal. or Market Value:

IDAC Accident Rport: 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

              Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKS 7446X   Yr Regn: 2015 / May.

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

Make: Toyota Vios   c.c 1497

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

Sp.Reading: 64988   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MHFBT9F3X06030386

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: 185/60R15
            R: 185/60R15.

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

| N/S | O/S |

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	16/07/19.

Survey held at   Kang.

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

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

Date / Time	Action / Instruction
	TP A16 .
	MV :
	PV :
	Nett:

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S +RS, __ SI	
5)	6)			Photos	
Prell Report.				Others	
Final Report				TOTAL	