

INS. CASE OWNER:

CC 3 /AIG1901

3021, Ekbb.

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

20/3/10

Date / Time :

20/3/10

Registered in Merimen:

20/3/10

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKJ 82135

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

SHB 55060



INSRS:

WSP:

Tel :

Liability :

RMKS:

CMT.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

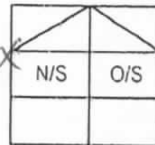
Date/ Time	STAGE	DATE / PIC	
SHB 55060 - 25/11/10 09:00 / Jgd/ber/ovv: 26/6/10 SKJ 82135 - X	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	Documentation Check List:	Handler Typist	
	Notification 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:	SS	(days) Reduction: % Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐			
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	SS	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(\$ x days)	
Loss of Income (LOI):	SS	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS		
Medical:	SS	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS	2) Report Format:	
Legal Cost	SS	3) Survey fee:	
Total:	SS	Global Sum SS:	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐			
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

ASSIGNMENT

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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 55064 Yr Bgn: 1/1/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Plus G.C. 1797
 Colour: Maroon A/C. Insured / Std / NI
 Sp. Reading: 184 884 T/Radio: Insured / Std / N
 Eng/No: _____
 C/No: JTOKB3F4 70353278
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5
 L/Bal. 5 mm L/Bal. 5
 D.O.A. 20/7/19 D.O.I. 23/7/19
 Survey held at SMRT
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to col

Date / Time _____ Action / Instruction _____

SKJ82135
 07/19/2080

Date/Time, File Pass to?

☐ : Proli. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation

) S + RS (\$ _____)

) Photos

) Other

) ..

70741