

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1901 3184, Eickb.

LKK:
IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

25/7/19

Date / Time :

25/7/19.

Registered in Merimen:

26/7/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBA 62609.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

25/7/19.

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

SHF 1897



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMKT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHF 1897 - X	Non-Reporting ltr (1st):	
GBA 62609 - 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:	☐

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 + LO ☐ [Tick only one]			
--	--	--	--

GIA/LTA Search	\$S		
----------------	-----	--	--

Medical:	\$S		
----------	-----	--	--

Disbursement:	\$S	(e.g. Tow/ Independent)	
---------------	-----	--------------------------	--

Legal Cost	\$S		
------------	-----	--	--

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:	
---------------------------	-----	---------	--

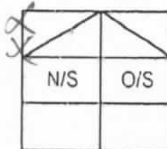
Payee 3: (Strike if N.A.)	\$S	Name 3:	
---------------------------	-----	---------	--

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. SH F 185Z Yr Regn: 19/12/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
 Truck / Trailer or
 Make: Taph Pilw C.C. 1797
 Colour Mar A/C Insured / Std / NI
 Sp. Reading 214368 T/Radio: Insured / Std / NI
 Eng/No: _____
 CiNo: JTD KBJFU 903578997
 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 195/55R15
 Tyre Size: F: _____ R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO YOKO or
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5
 L/Bal. 5 mm L/Bal. 5
 D.O.A. 24/7/19 D.O.I. 25/7/19
 Survey held at SMRT

Des. of Damages : Frt / Rear / O/S (N/S) / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to col

Date / Time _____ Action / Instruction _____

07/19/2019
 GBA 6260Y

Date/Time, File Pass to?

☐ : Prell. 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

) \$ + RS \$

) Photos

) Other

TOTAL