

15/5/2010

INS. CASE OWNER:

CC 4/EGI1901 3254, K h b z.

LKK:

IDAC:

Surveyor:

Kinneth.

DOI:

ASSIGNMENT

30/7/10.

Date / Time :

30/7/10.

Registered in Merimen:

Pre-assign / CCU / FTE

yp 3556m.



Insured Vehicle No. :

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

GDE 7529x



INSRS:

WSP:

Tel :

Liability :

RMKS:

yell

pnto.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE/ PIC
	GDE 7529x -x	yp 3556m-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:	
Repair Cost:	SS (days) Reduction: %	Confirm by: 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:	SS		
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 (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	SS	3) Survey fee:	
Total:	SS	Global Sum S\$:	
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:	

REF: EGI

ASSIGNMENT

From: _____ Date: 30.7.2019

Estimated Cost: _____

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

To Inspect Vehicle No: GBE 7529X

at Workshop m/s Yee Auto

of 160 sin ming Dr A02-17

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: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mop

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBE 7529X Yr Regn: 03 16

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

Truck / Trailer or

Make: Toyota

C.C

2982

Colour: W2,2

A/C: Insured / Std / NI / NA

Sp.Reading: 276205

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHHT 02P6 00192083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S / Rim / STD A/Rim or

Tyre Size: F: 195 R15 X8

R: _____

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

TOYO / YOKO or

Luxorik

Front

Rear

R/Bal. 5 mm

R/Bal. 3 mm

L/Bal. 5 mm

L/Bal. 3 mm

D.O.A. 25/7/19

D.O.I. 30/7/19

Survey held at

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

Rt O/S

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: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

Report Format: _____

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

TOTAL