INS. CASE OWNER:

CC 6 / LPC 190 14138 / Uea3

LKK:

IDAC:

Surveyor: Marcus

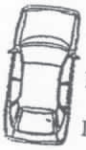
ASSIGNMENT

DOI: 14/8/19

Pre-assign / CCU / FTE

Date / Time : 14/8/19

Registered in Merimen: –



Insured Vehicle No. : SJJ 2522 B

Name of Insured :

Insured Tel No. :

Excess Sec II :S$ HP:

Is driver the owner? (YES / NO) D.O.A : 10/4/19

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. : GX

Make / Model :

Place of Accident :

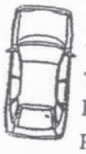
Nature of Accident :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

GX 7940 G → ____ → ____ → ____



INSRS:
WSP: Fastech
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GX 7940 G } NOL/MT/H/1900680X/HQ ; DOA: 10/4/19
	SJJ 2522 B } -CS/LPC 1900680271 [illegible] ; DOA: 10/4/19

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:	☐	☐

ELIMINARY ADVICE Date/Time: Sent By:

NALIZATION Date/Time: Confirm with: Confirm by:

air Cost: S$ (days) Reduction: % Email ☐ Call ☐

AL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

l Liability:	%		If NO or B 28, Ass. Lia :
air Cost:	S$	(Agreed / Assessed) BOLA S/N No. :	
of Rental (LOR):	S$	(days)	
of Use (LOU):	S$	($ x days)	
of Income (LOI):	S$	($ x days)	
only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**			
LTA Search	S$		
ical:	S$		
ursement:	S$		1) Claim status: Normal/Reject/Private Settle
l Cost	S$	(e.g. Tow/ Independent)	2) Report Format:
l:	S$	**Global Sum S$:**	3) Survey fee:

AL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

e 1:	S$	Name 1:	
e 2: (Strike if N.A.)	S$	Name 2:	
e 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: LPC /

ASSIGNMENT

o/.

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GX7940G

at Workshop m/s

of

Insured: SJJ252213

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value: $ 20k.

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

7471

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GX 7940G Yr Regn: 9 / 04

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

Make: Toyota Hiace c.c 2986

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

Sp.Reading: 504737 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LH162 1011427

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:

R: 185-R14

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 10/4/19 D.O.I. 14/8/19

Survey held at

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

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

Date / Time — Action / Instruction

Nett 6950 Dep 4k.

have G.A. MA13047 Cor until 31-8-2024

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) __S + RS, __SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Survey Fee:

Transportation:

TOTAL