

INS. CASE OWNER:

CC 4 /AIG1901

4544, Uklon

LKK:

IDAC:

Surveyor:

marims.

DOI:

ASSIGNMENT

21/8/14

Date / Time :

20/8/14

Registered in Merimen:

20/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 8980A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

15/8/14

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

GX 58955



INSRS:

WSP:

Tel :

Liability :

RMKS:

V-7U



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	GX 58955 - X	SJS 8980A - 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:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	%

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	S\$		
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Loss of Rental (LOR):	S\$	(days)	
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Loss of Use (LOU):	S\$	(\$ x days)	
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Loss of Income (LOI):	S\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
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GIA/LTA Search	S\$		
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Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
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Legal Cost	S\$		3) Survey fee:
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Total:	S\$	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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Payee 1:	S\$	Name 1:	
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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ASS. REC. BY:

REF:

A19

ASSIGNMENT

From:

Date:

21/8/2019

Estimated Cost:

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

To Inspect Vehicle No:

GX 5895S

at Workshop m/s

V-Tec Asia

of

8 kaki Bukit Ave 4 #07-09

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:

21k.

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

1up

138N

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GX 5895S

Yr Regn:

7, 04

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

Truck / Trailer or

(M)

Make:

Toyota Dyna

C.C.

2986

Colour

orange

A/C:

Insured / Std / NI / NA

Sp. Reading

335-191

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFUF34Y703002495

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:

185-214 condor

R:

155-212

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

12/8/19

D.O.I.

21/8/19

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

LTA 13583 13-7-2024

lawyer case

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

TOTAL

Report Format :

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