

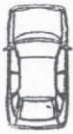
INS. CASE OWNER: **JOEL GOH****CC4/EQ19014880/ R1 ga3**

LKK:

IDAC:

ASSIGNMENTSurveyor: **RASUL**DOI: **27/08/2019**Date / Time : **22/08/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBB 3533A**

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$ _____ D.O.A : **16/08/2019**

Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **DM19HO02323-JG**

Policy No. : _____

Make / Model : _____

Place 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****SHA 9222S**

INSRS:

WSP:

Tel : **DING AUTOMOTIVE**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 9222S - NA/INC10018679/r ; DOA : 18/09/10	Non-Reporting ltr (1st):	
GBB 3533A - NA/UOI13005985/e1; DOA: 31/3/13	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: 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 + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost S\$ _____		3) Survey fee:
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: _____		

Rasul

ASSIGNMENT

From:

Date:

27.8.2019

Estimated Cost:

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

To Inspect Vehicle No: SHA 9222 S

at Workshop m/s Ding Auto

of 31 Corporation Road

Insured:

Policy No.

Claims No.

Sum Insured:

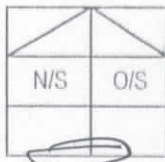
Excess:

(Client's Record)

Make of Veh: 11-000a.m

(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

mp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHA 9222 S

Yr Regn:

2015 / OCT

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

Truck / Trailer or

Make:

Huwaixi I40 1+7

C.C.

1688

Colour

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

577179

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KM HLB41UMG 40-79761

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:

205/60R16

R:

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

TOYO / YOKO or

WKSILAKE

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

16/08/19

D.O.I.

27/08/19

Survey held at

Ding Auto

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

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Report Format :

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