

15/5/2010

INS. CASE OWNER:

CC<sup>3</sup> /AIG1901

4959, Kebab.

LKK:  
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

27/8/14

Date / Time :

27/8/14

Registered in Merimen:

26/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 5974M

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 21/8/14

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLX 5974M



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Trans  
14h



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
5/10/2014	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ _____	( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/>		LOR + LO <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ _____	
Medical:	S\$ _____	
Disbursement:	S\$ _____	(e.g. Tow/ Independent )
Legal Cost	S\$ _____	
<b>Total:</b>	<b>S\$ _____</b>	<b>Global Sum S\$:</b>
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ _____	Name 1: _____
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____

ASS. REC. BY:

REF:

AGL

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Van Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

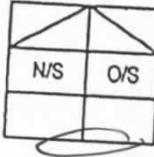
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 02 days Res.: Yes or No

Lum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: S/HO 5263J Yr Regn: 01, 19

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

Truck / Traller or

Make: Toy Prox c.c. 1995

Colour: M.P. White/Pal A/C: Insured / Std / NI / NA

Sp. Reading: 02950 T/Radio: Insured / Std / NI / NA

Eng/No: JTDKBJEU

C/No: VE LABEL ISAME 4030 79007

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / A/Rim or

Tyre Size: F: 215/60R16

R: \_\_\_\_\_

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

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 21/8/19

Survey held at \_\_\_\_\_

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

The UIC / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 23/8/19

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + R.S. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

Report Format :

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