

15/5/2010

INS. CASE OWNER:

CC4/III1901 5084, P2WBH

LKK:

IDAC:

Surveyor:

RSM

DOI:

ASSIGNMENT

27/8/10

Date / Time :

20/8/10.

Registered in Merimen:

27/8/10.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKH 7083P

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II : S\$

D.O.A :

24/8/10

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

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

SKH 8993J



INSRS:

WSP:

Tel :

Liability :

RMKS:

Car Body
repair

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKH 8993J - X	Non-Reporting ltr (1st):	
SKH 7083P - X	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: Confirm by:		
FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐		
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: If NO or B 28, Ass. Lia :		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
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 + LO ☐	[Tick only one]	
GIA/LTA Search: S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost: S\$		
Total: S\$	Global Sum S\$:	Email ☐ Call ☐
FINAL PAYMENT Date/Time: Confirm with:		
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:

III

983H

ASSIGNMENT

From:

Date:

27/8/19

Estimated Cost:

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

To Inspect Vehicle No:

SKH 8993J

at Workshop m/s

Car Body Repair

of

Blk 1004 Blk meuh lane 3# 01-29

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

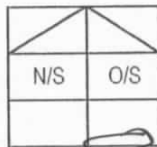
(Client's Record)

Make of Veh:

Mr. OMGB 9652 4120

(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^{1up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKH 8993J

Yr Regn:

2013 / JAN

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

Truck / Trailer or

Make:

Hyundai ELANTRA 1.6 AT c.c 1591

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

191891

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH041C MDU 647217

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/552R/16

R:

~

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/08/19

D.O.I.

27/08/19

Survey held at

CAR BODY REPAIR

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

REAR 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

TOTAL

Report Format :

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