

15/5/2010

ra3

INS. CASE OWNER:

CC 6 /AIG1901 5089-1 W/11/11/11

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

28/8/19

Date / Time :

28/8/19

Registered in Merimen:

28/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKJ 7124

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

20/7/19

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

G88 979A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Liu's
bro

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	G88 979A - X	Non-Reporting ltr (1st):	
	SKJ 7124 - 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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 700.00	(2 days) Reduction: 57 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 10/9/2021	Confirm with: SUSAN	Email ☒ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :

Repair Cost:	700.00	\$S 350.00	
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Loss of Rental (LOR):	\$S	(days)	
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Loss of Use (LOU):	320.00	\$S 160.00	(\$ 80 x 4 days)
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Loss of Income (LOI):	\$S	(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 2.00		
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Medical:	\$S		1) Claim status: Normal/ Reject/Under Review
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Disbursement:	\$S	(e.g. Tow/ Independent)	2) Report Format: TP
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Legal Cost	\$S		3) Survey fee: 320.00
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Total:	\$S 512.00	Global Sum \$S:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S 512.00	Name 1:	Liu's Brother Auto Engineering Workshop
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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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(08/11/13) wef

ASS. REC. BY: Marcus

REF:

A161

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

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:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

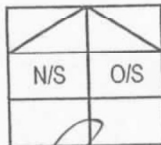
Weekend (\$

)

Report Format :

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

TOTAL



LTA 3177