

15/5/2010

INS. CASE OWNER:

Surveyor:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$S

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

LKK:

IDAC:

DOI:

Date / Time :

Registered in Merimen:

ASSIGNMENT

FBP 5505u



INSRS:

WSP:

Tel :

Liability :

RMKS:

5998



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
FBP 5505u - X	Non-Reporting ltr (1st):	
SCX 9289m - 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:	☐

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

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

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	(S x 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		
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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:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

FBP 5505U Yr Regn: 2019 April

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

Truck / Trailer or

Make:

Yamaha Sniper c.c. 149

Colour

Blue A/C: Insured / Std / NI / NA

Sp. Reading

7342 T/Radio: Insured / Std / NI / NA

Eng/No:

G3E6E0488466

C/No:

MH3UG0740K0152942

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:

70/90 R17

R:

120/70 R17

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal.

2 mm R/Bal. 2 mm

L/Bal.

mm L/Bal. mm

D.O.A.

04/08/2019 D.O.I. 27/08/2019

Survey held at

SG 98 Motor AMK

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

o/s Body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	AZA SCX 9289M
	MV 8K
	LTA 2.8K
	NL 5.1K
	AF
23/10/19	From 450/- with 2 dgs grn

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. Insp (\$ _____)

Others

☐: Weekend (\$ _____)

TOTAL

Rep. Format: _____

Lump Sum / B.B. / C