

INS. CASE OWNER:

CC 4/AIG1901 5659, UKB3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

4/1/11

Date / Time:

3/1/2019

Registered in Merimen:

4/1/11

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKS 24261

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

4/1/11

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

SMN 75555

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:Zoom  
AntoworksINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time                                                                                                                               | STAGE                             | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|
| SMN 75555 - X                                                                                                                            | Non-Reporting ltr (1st):          |                                                              |
| SKS 24261 - X                                                                                                                            | 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>  | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                          | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Towing Invoice:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LTA / GIA:                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | PIR:                              | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | LOD                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Others:                           | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                     | Sent By:                          | Confirm 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\$                               | 1) Claim status: Normal/Reject/Private Settle                |
| Disbursement:                                                                                                                            | S\$ (e.g. Tow/ Independent )      | 2) Report Format:                                            |
| Legal Cost                                                                                                                               | S\$                               | 3) Survey fee:                                               |
| <b>Total:</b> S\$                                                                                                                        | <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:                                                      |

Surveyor **marcus**

REF: **A19**

**ASSIGNMENT**

From: \_\_\_\_\_ Date: **4.9.2019**

Estimated Cost:

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

To Inspect Vehicle No: **SMN 7555**

at Workshop m/s **Zoom Auto works**

of **Bik 15 Kari Bukit Road 4 # 01-53**

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

mp"

910h

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: **SMN 7555** Yr Regn: **7, 16**

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

Truck / Trailer or

Make:

**Volkswagen Passat c.c 1798**

Colour

**Grey**

A/C: Insured / Std / NI / NA

Sp. Reading

**35615**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

**WVWZZZ3CZG E23822**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

**215/55-217**

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

**7** mm

R/Bal.

**7** mm

L/Bal.

**7** mm

L/Bal.

**7** mm

D.O.A.

**2/9/18**

D.O.I.

**4/9/18**

Survey held at

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

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

Date / Time

Action / Instruction

**LIA 62287**

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:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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