

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1901

5818, Ueb3

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

6/1/19

Date / Time :

6/1/19

Registered in Merimen:

6/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFx 6885B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

30/8/19

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

FP 9239



INSRS:

WSP:

Tel :

Liability :

RMKS:

erofia



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
FP 9239 - x	Non-Reporting ltr (1st):	
SFx 6885B - 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:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format:
		3) Survey fee:
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ Name 1:	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

(08/11/13) wef

REF:

ASS. REC. BY: *Marcus***ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *FP 923G*at Workshop m/s *Enforce*

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: *86.*

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: *4* days Res.: Yes or NoLum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 3032

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *FP 923G* Yr Regn: *4, 09*Type: M.Car / *Cycle* / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: *Suzuki PR 2400* c.c. *398*Colour: *Green / Black* A/C: Insured / Std / NI / NASp. Reading: *98912* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JS 138111200108984*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModi: *Nil* / S/Rim / STD A/Rim orTyre Size: F: *120/70-17*R: *150/60-17*

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

TOYO / YOKO or *metzeler*

Front

Rear

R/Bal. *0* mmR/Bal. *6* mm

L/Bal. mm

L/Bal. mm

D.O.A.

D.O.I. *6/9/19*

Survey held at _____

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

o/s R/L - A/C Body

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

Date / Time Action / Instruction

L/S & 1530

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: _____

Photos

Others

TOTAL

Report Format : _____

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