

15/5/2010

INS. CASE OWNER:

CC4/III1901

6574, K2963

LKK:

IDAC:

Surveyor:

Rasul

DOI:

ASSIGNMENT

18/11/11

Date / Time :

18/11/11

Registered in Merimen:

11/11/11

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 298111

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

15/11/11

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

FT 223AP

INSRS:
WSP:
Tel :
Liability :
RMKS:SAWEN
MOTORINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	FT223AP-X	SHC 298111-X	Non-Reporting ltr (1st):	
			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)		
Legal Cost	S\$			
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:		

ASS. REC. BY:

REF:

III

5812

LOG EXPIRY: 2021 / FEB

ASSIGNMENT

From:

Date:

18/9/19

Estimated Cost:

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

To Inspect Vehicle No:

FT2239P

at Workshop m/s

Samsu Motor

of

1 Kaki Bukit Ave 6 # 02-43 Autobay

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

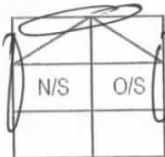
(Client's Record)

Make of Veh:

look for lilian @ 9061 3299

(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:

FT 2239P

Yr Regn: 2001 / MMR

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

Truck / Trailer or

Make:

YAMAHA RX2

C.C 133

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

03061

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZMC 258520

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:

2.50-18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

15/09/19

D.O.I.

18/09/19

Survey held at

Samsu Motor

Des. of Damages: Fr / 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 (\$

TOTAL

Report Format:

Lump Sum / L&L (\$