

15/5/2010

INS. CASE OWNER:

CC4/III1901 6477, Gpb3

LKK:

IDAC:

Surveyor: XGA

DOI: ASSIGNMENT alala.

Date / Time : 18/11/11

Registered in Merimen: alala.

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4087D

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 17/11/11

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SLD 17/11/11



INSRS: Accord  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	SLD 17/11/11 - X		SHB 4087D - 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:	
		<b>Documentation Check List: Handler 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: _____		
<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: _____		

ASS. REC. BY: Bl.

REF: III

**ASSIGNMENT**

(-2020)

From: \_\_\_\_\_ Date: 19/11/19

Veh No: SLD1797P Yr Regn: 19 Oct 2010

Estimated Cost: \_\_\_\_\_

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

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

Truck / Trailer or 1.4

To Inspect Vehicle No: SLD1797P

Make: Volkswagen Jetta C.C. 1390

at Workshop m/s: Accord Auto

Colour: white A/C:  Insured /  Std /  NI /  NA

of 10 Amk Ind - Park 2A #03-11

Sp. Reading: 232210 T/Radio:  Insured /  Std /  NI /  NA

Insured: \_\_\_\_\_

Eng/No: \_\_\_\_\_

Policy No. \_\_\_\_\_

C/No: WUWZZZ/KZAM 154999

Claims No. \_\_\_\_\_

Gen. Cond:  Good /  Fair /  Poor /  Burnt

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Steering:  In order /  Jammed /  Leaked /  Burnt or

(Client's Record)

Brake:  In order /  Jammed /  Leaked /  Burnt or

Make of Veh: After 10am

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

(Policy Condition)

Tyre Size: F: 225/40R18  
R: 11

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<input checked="" type="radio"/>	

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

TOYO / YOKO or Continental

Bal. or Market Value: \$19k

Front 6 mm Rear 6 mm

IDAC Accident Rport: \_\_\_\_\_ Consistent?: Yes or No

R/Bal. 6 mm L/Bal. 6 mm

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

D.O.A. \_\_\_\_\_ D.O.I. 18-09-19

Est. Repairs: 3 days Res.: Yes or No

Survey held at w/s 3pm

Lum Sum: 20 % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS 1up

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>CoE: 14597</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_

1) \_\_\_\_\_  
Date/Time, File Return to?

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Wheel end (\$) \_\_\_\_\_

Survey Fee:	
Transportation:	
<u>S + RS</u> SI	
Photos	
Others	
TOTAL	

Report Format: \_\_\_\_\_  
Lump Sum / L.B. (\$) \_\_\_\_\_