

15/5/2010

INS. CASE OWNER:

CC 6 /CTI1901 6646, Ubb

LKK:

IDAC:

Surveyor:

marcus.

DOI:

ASSIGNMENT

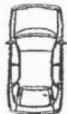
20/9/19

Date / Time :

20/9/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : yr 8517p.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 16/1/19

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

Sjx 259y.

INSRS:
WSP: Fastech.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
Sjx 259y - 16/1/19 04:47 / Urdin am. 9/1/19 yr 8517p - 16/1/19 04:47 / 24 04:47 16/1/19	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)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Release Instruction:	<input checked="" type="checkbox"/>	
LOD	<input checked="" type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S \$6,050	(10 days) Reduction: 13,286.60/69%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 17/7/2020	Confirm with SHIYING	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: (w/ GST) \$6,473.50		3 vehicle chain collision, Insured is the last vehicle
Loss of Rental (LOR): \$ (days)		
Loss of Use (LOU): \$720.00 (\$60 x 12 days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$2.00		
Medical: \$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost \$		3) Survey fee: \$400
Total: \$7,195.50	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$7,195.50	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.) \$	Name 2:	
Payee 3: (Strike if N.A.) \$	Name 3:	

(08/11/13) wef

ASS. REC. BY: *Morgan*

REF:

C71

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.

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

078F

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

24/10/2013 have G.I.G. 8mli. 274 8939 net 6261

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) S + RS, SI

) Photos

) Others

TOTAL