

15/5/2010

INS. CASE OWNER:

CC 4/FWD1901 7475 Ag 17

s3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

2101/19

Date / Time :

2101/19

Registered in Merimen:

2101/19

Pre-assign / CCU / FTE



Insured Vehicle No. : 34739710

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 21/1/19

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

SJW 5763R

INSRS: 96 motorsport
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SJW 5763R-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:	☐	☐	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐	
		Others: ☐	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: TOTAL LOSS	\$S 1800.00	(13 days) Reduction: - % -	Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 01/10/2020	Confirm with JADE	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: TOTAL LOSS	\$S 1800.00		C.C (OI LAST)
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 700.00 (\$ 50 x 14 days)		
Loss of Income (LOI):	\$S (S x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [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: TOTAL LOSS (TP)
Legal Cost	\$S		3) Survey fee: \$500.00
Total:	\$S 2500.00	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	\$S 2500.00	Name 1: 96 MOTORSPORTS PTE LTD	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	

ASS. REC. BY:

REF:

ASSIGNMENT

Weekend Car.

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.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJW5163R Yr Regn: 2010 / March

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

Truck / Trailer or

Make: Subaru Impreza C.C. 1498

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

Sp. Reading: 125645 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF16E3KF396004774

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55 H5

R: 205/55 H5

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 02/10/19

*Survey held at 96 Motorsport

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

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

Date / Time	Action / Instruction
	TP FWD Total Loss **
	MV : 10.5K
	PV : 8.7K
	Nett: 1.8K

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: _____

_____ S + RS. SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / L&L: (\$) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)