

15/5/2010

INS. CASE OWNER:

CC 4/III1901 7506, U g03

LKK:

IDAC:

Surveyor:

MIRINS

DOI:

ASSIGNMENT

4/10/19

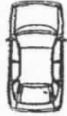
Date / Time :

4/10/19

Registered in Merimen:

4/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHL 33 83P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

4/10/19

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

PBF 849m



INSRS:

WSP:

Tel :

Liability :

RMKS:

BHH



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	PBF 849m - x	Non-Reporting ltr (1st):	
	SHL 33 83P	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:	
Repair Cost: S\$		(days) Reduction: %	
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability: %		(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$		Email ☐ Cal ☐	
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:	
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

ASS. REC. BY: *Marcus*

REF:

121 /
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:

GA / PR Seen:

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp

☐

: Interview

☐

: Tech. Invs

☐

: Weekend

(\$) S + RS, SI

) Photos

) Others

)

TOTAL

Veh No:

Yr Regn:

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: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.

F3F 849M

1 11

Truck / Trailer or

SYM

white

29911

RLHHALED MAD 000 KSS

Gen. Cond: Good

Steering: Inorder

Brake: Inorder

Modi: Nil / S/Rim

Tyre Size: F: 120 / 70 - 12

R: 120 / 70 - 12

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

TOYO / YOKO or

Front

R/Bal. 6

L/Bal. 6

D.O.A. 19/9/19

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.

F3F 849M
8/11/13

N/S	O/S

2500
Consistent? : Yes or No
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

Date / Time

Action / Instruction

19/9/19, 17h 195

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp

☐

: Interview

☐

: Tech. Invs

☐

: Weekend

(\$) S + RS, SI

) Photos

) Others

)

TOTAL