

INS. CASE OWNER:

CC³/AIG1901 7701, Kkbh

LKK:
IDAC:

Survivor:

Kilometer

DOI:

ASSIGNMENT

7	10	1A
---	----	----

Date / Time :

711069

Registered in Merimen:

8	10	1h
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Pre-assign / CCU / FTE



Insured Vehicle No. : 586 20806

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : HP: _____

HP:

Make / Model :

Excess Sec II :S\$

D.O.A.:

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Commercial Automobile Liability		
6. Umbrella Liability		
7. Other		

540 59695



INSRS:
WSP:
Tel :
Liability :
RMKS:

Thang
Cub



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	410 59645-X 476 7080E-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:	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\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
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:

A/G

Kenneth

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HD 59635

Yr Regn:

11, 18

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

Truck / Traller or

Make:

Toy Prius

c.c

1798

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

88598

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 703075517

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

NII / S/Rim / STD A/Rim or

Tyre Size:

F: Giti

195/65R15

R: GY

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

2

mm

L/Bal.

9

mm

L/Bal.

2

mm

D.O.A.

2 / 10 / 19

D.O.A.

7 / 10 / 19

Survey held at

Des. of Damages:

Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S 171

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

Date / Time

Action / Instruction

1 File pass to

8404743

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ + RS. \$

) Fuel

) Others

TOTAL

Report Format :

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