

15/5/2010

INS. CASE OWNER:

CC 4/III1901 7717, A 963

LKK:
IDAC:

Surveyor: Adrian

DOI: ASSIGNMENT
7/10/10

Date / Time: 7/10/10

Registered in Merimen: 7/10/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SHH 22632

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 5/10/10

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

GE 81E



INSRS:
WSP: SD
Tel: CMW Care
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>GE 81E</u> <u>SHH 22632</u>	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 type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input 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: S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT 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: _____	
Total: S\$ _____	Global Sum S\$: _____		
FINAL PAYMENT 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:

REF:

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: _____ 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: GK811K Yr Regn: 2004 NOV

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

Truck / Trailer or

Make: Toyota Dyna. c.c 2986

Colour Silves. A/C: Insured / Std / NI / NA

Sp.Reading 296923 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFUF34Y703002996

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: 155R14C

R: 155R12C

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

TOYO / YOKO or CST Tires.

Front Rear

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

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

D.O.A. _____ D.O.I. 07/10/19.

Survey held at S.D.

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

Front o/s.

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

Date / Time	Action / Instruction
	TP III.
	COE Expiry: 31/08/24.
	MV: 25k
	PV: 12.8k
	Nett: 12.2k -

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Insp (\$ _____)

: Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

Report Format : _____

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