

INS. CASE OWNER:

Wanie

CC 4 RSM
AXA1901 9065, E ph

LKK:

IDAC:

Surveyor:

STVB

DOI:

ASSIGNMENT

20/10/10

Date / Time :

20/10/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YQ 452T

Claim No. :

8100470 / 144169

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

5/10/10

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

GBJ 6467X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Systematic
circulation

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
GBJ 6467X - X	Non-Reporting ltr (1st):	
YQ 452T - X	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: Confirm by:		
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:		

Survivor Steve

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: G0J6467X Yr Regn: 27/06/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Dyna 150 c.c. 2982
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 1033 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTFAT 3SY89K 213334
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rlm / STD A/Rlm or
Tyre Size: F: 195/75R15
R: 1

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

Front		Rear	
R/Bal. <u>5</u>	mm	R/Bal. <u>5</u>	mm
L/Bal. <u>5</u>	mm	L/Bal. <u>5</u>	mm
D.O.A. <u>5/10/19</u>		D.O.I. <u>29/10/19</u>	
Survey held at <u>Systematic Airconditioning</u>			

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

MV-68K

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

) ..

TOTAL

Report Format :

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