

15/5/2010

INS. CASE OWNER:

CC6 / CTI1901 9186, KKB

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

24/10/19

Date / Time:

24/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJW 1642B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/10/19

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

SJW 1642B

SMG 38166

SDB 2782B



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
24/10/19	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:	☐
	Post-Repair Photos:	☐
	Others:	☐
PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: L/S \$5,750.00 (7 days) Reduction: 5,275.50/48 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 28/7/2020 Confirm with KAREN Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia :100		
Repair Cost: (w/ GST) \$6,152.50 3 vehicle chain collision, our Insured vehicle is last		
Loss of Rental (LOR): \$ (days)		
Loss of Use (LOU): \$420.00 (\$ 60 x 7 days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$7.45		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost \$		
Total: \$6,579.95 Global Sum S\$: 6,570.00		
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1: \$6,570.00 Name 1: WEI LEE MOTOR WORKS		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		

ASS. REC. BY:

REF:

C72/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ Wei Lu

of _____

Insured: _____

Policy No. _____

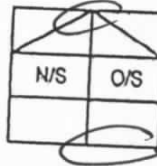
Claims No. _____

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: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

1 / File pass to

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Fees

Others

TOTAL

Veh No:

SMG 3816C

Yr Regn:

05, 15

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

Truck / Trailer or

Make:

Mazda 3

c.c

1496

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

123067

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMBM 42A8G-031027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

3

mm

D.O.A.

24/10/19

D.O.I.

29/10/19

Survey held at

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

Rear o/s & RR

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