

15/5/2010

INS. CASE OWNER:

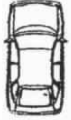
CC 6/LPC1902 0672, Aeb3

LKK:

IDAC:

Surveyor: AdrianDOI: ASSIGNMENT
20/11/19Date / Time : 20/11/19Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 2428

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : S\$ _____

D.O.A : 14/11/19

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

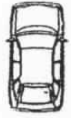
If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

PC 42394INSRS:
WSP:
Tel :
Liability :
RMKS:Hun mengINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>PC 42394 - 1</u>	<u>GBC 2428 - 1</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)	
	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: _____ 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\$ _____	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: S\$ _____	2) Report Format: _____
	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:

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / 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

Lump Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PC4239Y.

Yr Regn:

2015 / Oct

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

Truck / Trailer or

Mini Bus

Make:

Silver Toyota Hiace. C.C 2982

Colour

187025 Silver A/C: Insured / Std / NI / NA

Sp. Reading

T87025

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KDH 2230023720.

Gen. Cond: ~~Good~~ / Fair / Poor / BurntSteering: ~~In order~~ / Jammed / Leaked / Burnt orBrake: ~~In order~~ / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15 C

R:

195 R15 C

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

20/11/19.

Survey held at

Hua Meng.

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

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

Date / Time

Action / Instruction

TP Con Pac.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)