

15/5/2010

INS. CASE OWNER:

CC 4 /AIG19021410 / P1K63

LKK:

IDAC:

Surveyor:

Rasm

DOI:

ASSIGNMENT

21/11/10

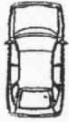
Date / Time :

21/11/10

Registered in Merimen:

24/11/10

Pre-assign / CCU / FTE



Insured Vehicle No. :

skw 91199.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

01/11/10

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

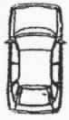
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLW 1697.



INSRS:

WSP:

Tel :

Liability :

RMKS:

teamwork.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
3/7/2020	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:	
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By: Confirm by:		
<b>FINALIZATION</b> Date/Time: Confirm with:		
Repair Cost: S\$ ( days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> 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\$ ( days)		
Loss of Income (LOI): S\$ ( days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent )		
Legal Cost S\$		
<b>Total:</b> S\$ Global Sum S\$:		
<b>FINAL PAYMENT</b> 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:		

TOTAL LOSS

1) Claim status: ~~Normal/Reject/Private Settle~~

2) Report Format: WP

3) Survey fee: \$250

ASS. REC. BY: JohnREF: A19

301F

COT EXPIRY: 2021/04/04

## ASSIGNMENT

From: \_\_\_\_\_ Date: 3-12-2019  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SLW 1693  
at Workshop m/s Teamwork  
of 53 Wbi Ave | #01-24  
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: 25K  
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 my"

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLW 1693 Yr Regn: 2016 / 04/04  
Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Volkswagen Jetta 1.4TSI c.c. 1390  
Colour: Red A/C: Insured / Std / NI / NA  
Sp. Reading: 128605 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: WVW Z22162BM 103331  
Gen. Cond: Good / ☒ Fair / Poor / Burnt  
Steering: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 205/55 R16  
R: 205/55 R16  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Highmark  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. 01/12/19 D.O.I. 03/02/19  
Survey held at Teamwork  
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
	Total loss. refer to email (REPAIR LIMIT \$5K)
	Market Value = \$28,000 LTA Rebate = \$22,580 Nett Value = \$ 5,420

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: \_\_\_\_\_

Add Fee: ☐

Site Insp (\$ \_\_\_\_\_)

S + RS. SI

☐

Interview (\$ \_\_\_\_\_)

Photos

☐

Tech. Invs (\$ \_\_\_\_\_)

Others

☐

Weekend (\$ \_\_\_\_\_)

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / LTA: (\$ \_\_\_\_\_)