

INS. CASE OWNER:

CC 4/LPC1902-1470, Qhbb

LKK:

IDAC:

Surveyor:

Smpin

DOI:

ASSIGNMENT

4/1/10

Date / Time :

4/1/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKK 6520M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

2011/10

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 :

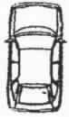
%

Final ? Yes / No

Smp 35360

SKK 6520M

SHD 6481P



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP: SMRY

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	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:
Repair Cost:	S\$	(days) Reduction: % Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with: Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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)
Legal Cost	S\$	
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: Sun Pin

REF:

LPC

ASSIGNMENT

From:

Date:

4/12/19

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SHD 6481P

at Workshop m/s

SMRT

of

woodlands Depot

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
XXXXX	XXXXX

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 6481P

Yr Regn:

29/12/2016

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

Truck / Trailer or

Make:

Toyota Prius

C.C

1796

Colour

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

302855

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTPKN36U305768659.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65 R15

R:

195/65 R15

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

TOYO / YOKO or

Roadstone

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/11/2019

D.O.I.

4/12/2019.

Survey held at

SMRT.

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

TAX/11/19/2141

SKK 6520M

SMM 3536D

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

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