

INS. CASE OWNER:

CC 4/III190 21484 6963

LKK:  
IDAC:

Surveyor: x612

DOI: 5/12/19

Date / Time : 5/12/19

Registered in Merimen: 5/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 5925T

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 28/11/19

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMA 464AT



INSRS: Yee  
WSP: Anto  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>PC 5925T - X</u>		
	<u>SMA 464AT - X</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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

Post-Repair Photos:

Others:

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 )

Legal Cost S\$ \_\_\_\_\_

Total: S\$ \_\_\_\_\_ Global Sum S\$: \_\_\_\_\_

1) Claim status: Normal/Reject/Private Settle

2) Report Format: \_\_\_\_\_

3) Survey fee: \_\_\_\_\_

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: na

REF: TU

**ASSIGNMENT**

(2022)

From: \_\_\_\_\_ Date: 05/12/19

Veh No: SMA4649T Yr Regn: 05 Sep 2012

Estimated Cost: \_\_\_\_\_

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

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

Truck / Trailer or

To Inspect Vehicle No: SMA 4649T

Make: Toyota Prius c.c. 1497

at Workshop m/s YEE AUTO

Colour: white A/C: Insured / Std / NI / NA

of Blk 160 S/M Drive #02-17 S/M Authority

Sp. Reading: 104601 T/Radio: Insured / Std / NI / NA

Insured: \_\_\_\_\_

Eng/No: \_\_\_\_\_

Policy No. \_\_\_\_\_

C/No: JTD KD 3B 390 1020523

Claims No. \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: \_\_\_\_\_

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

(Policy Condition)

Tyre Size: F: 185/60 R 15

R: 11

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	<input checked="" type="radio"/>

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

TOYO / YOKO or Giti

Bal. or Market Value: \$37K

Front 5 mm Rear 5 mm

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

R/Bal. 5 mm

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

L/Bal. 5 mm

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

D.O.A. \_\_\_\_\_ D.O.I. 05-12-19

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

Survey held at w/s 4pm

CA / REV / REP. / 24 HRS

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>Col: 27494</u>

Date/Time, File Pass to?  : Preli. Report

Days Of Repair: \_\_\_\_\_

1)  : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:	
Transportation:	
3 + RS, SI	
Photos	
Others	
TOTAL	

2) \_\_\_\_\_

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

Report Format: \_\_\_\_\_

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