

15/5/2010

INS. CASE OWNER:

ms

CC 4 / ASM190 m466, Agb

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

latimer

Date / Time :

m/m/m

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 9987C

Claim No. :

SAMORAHN/15244

Name of Insured :

TAMS - USB STENCILS PL

Policy No. :

VFX/PL6 P0520

Insured Tel No. :

HP:

Make / Model :

RENAULT

Excess Sec II :S\$

D.O.A. :

19/1/11

Place of Accident :

TAMS HIGH SPEED RD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

PHOO SEE UM

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SLW HNS

INSRS:
WSP:
Tel :
Liability :
RMKS:

Fastech

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLW HNS - x	Non-Reporting ltr (1st):	
SHD 9987C - x	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:	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
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:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / 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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLW33S.

Yr Regn: 2013 May.

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

Truck / Trailer or

Make: BMW 316i

C.C. 1598

Colour: White.

A/C: Insured / Std / NI / NA

Sp. Reading 131354

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA3A12040J720387

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

Modi: Nil / 3/Rim / STD A/Rim or

Tyre Size: F: 245/35 R19.

R: 245/35 R19.

BS / DUN / EXNOVA / ☒ SY / 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. 19/12/19.

Survey held at Fustech.

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

Front o/s, u/c.

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

Date / Time Action / Instruction

TPAXA.

MV: 56K

PV: 40.3K

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:

) 3 + P\$ 3

) Flares

) Other

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Weekend (\$

Report Format:

Lump Sum / IE Fee