

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1902 2498, A <sup>a3</sup>

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

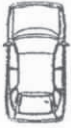
17/11/19

Date / Time :

17/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 587 2800J.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 11/11/19

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. :

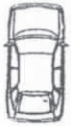
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

SKY 3703E

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:mt  
somtronINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SKY 3703E → 587 2800J +  
up/assess for CTI (V) to report PA

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:

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\$

1) Claim status: Normal/Reject/Private Settle

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:

## ASSIGNMENT

(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

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

Veh No: SKX3203E. Cr Regn: 2015 Dec.  
Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or

|            |              |          |                         |      |
|------------|--------------|----------|-------------------------|------|
| Make:      | Tojo Harrier |          | C.C.                    | 1986 |
| Colour     | Black.       | A/C:     | Insured / Std / NI / NA |      |
| Sp.Reading | 56854.       | T/Radio: | Insured / Std / NI / NA |      |
| Eng/No:    |              |          |                         |      |

C/No: 284600063209

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R18

R: 035/55R18.

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. | 17/12/19. |    |

\*Survey held at M6 Solution.

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, File Pass to?

☐ : Prelim. Report  
☐ : Final Report

1) \_\_\_\_\_  
Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp. - (\$)

Interview 13

Tech. Inv. 12

Survey Fee

Transportation