

15/5/2010

INS. CASE OWNER:

Lynn

CC 4/ASM190

22532, A g03

LKK:

IDAC:

Surveyor:

polian

DOI:

ASSIGNMENT

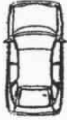
20/1/11

Date / Time :

20/1/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKU 16480

Name of Insured :

UM Han HGEF

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

20/1/11

Claim No. :

SAMONAS (151681

Policy No. :

GATEWAY

Make / Model :

HONDA

Place of Accident :

LTE

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

UM Joshua JONATHAN

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

507 9893E



INSRS:

WSP:

Tel :

Liability :

RMKS:

viston
antonio

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
507 9893E	Non-Reporting ltr (1st):	
SKU 16480 - 1	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:	
Repair Cost:	S\$	(days) Reduction:	%
Email ☐		Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
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\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
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: ASM CAXA)

ASSIGNMENT

From: _____ Date: 23.12.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SDJ 9893E

at Workshop m/s Vision Automotiv

of 8 kaki Bukit Nuru 4 #08-09 Premier

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 Report: _____ 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

rup'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SDJ 9893E Yr Regn: 2018 / Jan.

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

Truck / Trailer or

Make: Honda Shuttle Hybrid c.c 1496

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

Sp. Reading: 41263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 6P71200991

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Jammed / Leaked / Burnt orBrake: ☒ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 23/12/19.

Survey held at Vision

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 AXA

MV: 72K

PV: 40K

Nett: 32K

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: _____

S + RS. SI

Photos

Others

TOTAL

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

Rep. Format: _____

Lump Sum / L.B. : _____