

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN

DOI: 24/02/2020

Date / Time : 24/02/2020

Registered in Merimen: 25/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDR 8182M
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 21/02/2020 13:05
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____
 Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : BLK 34 MARINE CRESCENT

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

SKX 314M



INSRS:
WSP: J-MART
Tel: MOTOR
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKX 314M - NA/DAI18007595/h4; 25.4.18	
	SDR 8182M - CC3/III15012691/Kua3n2 ; 27/07/2015	
	CS/III15013250/Gqbd1 ; 27/07/2015	
	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Confirm by:
FINALIZATION Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	If NO or B 28, Ass. Lia :
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$	2) Report Format:
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S\$	
Total: S\$	Global Sum S\$:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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:	

ASSIGNMENT

Ass. Recd. By:

REF:

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

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

N/S	O/S

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

CA / REV / REP. / 24 HRS _____

Lum Sum: _____ % _____ 3 Val.: Yes or No

Est. Repairs: _____ days _____ Res.: Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

IDAC Accident Report: _____ Consistent? Yes or No

Bal. or Market Value: _____

Veh No: SKX 314M. Yr Regn: 2018 / April

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

Make: Add! A4

Colour: Grey. 37009.

Sp. Reading: _____

Eng/No: _____

C/No: WAU222F47JA14.2267.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / R/Rim / STD A/Rim or

Tyre Size: F: 205/60R16 R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	R/Bal.	06	mm
Rear	R/Bal.	06	mm
	L/Bal.	06	mm
	D.O.L.	06	mm

Survey held at: J-Mort 24/02/20

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

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

Survey Fee:	_____
Transportation:	_____
3 + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Date / Time	Action / Instruction
	TR 116
	MV :
	PV :
	Nett :

Days Of Repair: _____ Resurvey No. of Trip: _____

Add Fee: Site Insp (\$) Interview (\$) Tech. Invs (\$) Weat/End (\$)

Survey Fee: _____

Transportation: _____

3 + RS. SI: _____

Photos: _____

Others: _____

TOTAL: _____

Report Form: _____

Final Report: Preli. Report:

Date/Time, File Pass to? _____

Date/Time, File Return to? _____

Report Form / B.R. (\$) _____