

INS. CASE OWNER:

ASSIGNMENT

Surveyor: STEVE

DOI: 17/03/2020

Date / Time : 17/03/2020

Registered in Merimen: 17/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8573A

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II : S\$ _____ D.O.A : 12/03/2020

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 : _____

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

Insured Liability : % Final ? Yes / No

SHB 3580S

INSRS:
WSP: DING
Tel: AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 3580S -CS/FCI18001424/Aqd3e2 22/01/2018	Non-Reporting ltr (1st):	
CS/FCI19021539/Usf3n2 03/12/2019	Non-Reporting ltr (2nd):	
NA/INC14017078/d2 05/09/2014	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 + LOI ☐ [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 ☐ Call ☐	
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:

Steve

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
X	X

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:

SHB 3580 S

Yr Regn:

/

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

Truck / Trailer or

Make:

Hyundai i40

c.c

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

765085

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414MF4 069319

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R15

R:

11

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

TOYO / YOKO or

vestlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

12/3/20

D.O.I.

17/3/20

Survey held at

Ding Automobile

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

Rear LH

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

Date / Time

Action / Instruction

CANNOT FIND PART VALUE

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.E.: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL