

INS. CASE OWNER:

CC3 / ALG 2000 4259 / A Ks3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

Adrian

DOI:

24/3/2020

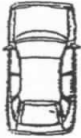
Date / Time:

18/3/2020

Registered in Merimen:

19/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF4881L

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 17/3/2020

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

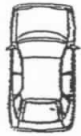
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

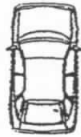
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLM 695



INSRS: \_\_\_\_\_  
WSP: Premium  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time

SLM695 : x ; SMF4881L : X

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

Medical:

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

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:

REF: ASMA (AIA) A16

**ASSIGNMENT**

From: \_\_\_\_\_ Date: 24.3.2020

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLM 695

at Workshop m/s Premium

of 55 ubi road 1

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: 10:30am Onm waity

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS myo

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

Veh No: SLM695 Yr Regn: 2017, March

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

Truck / Trailer or \_\_\_\_\_

Make: Audi S4 c.c 2995

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

Sp. Reading: 60947 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAU222F47HA095266

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modf: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 245/40R18

R: 245/40R18

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

TOYO / YOKO or \_\_\_\_\_

<u>Front</u>		<u>Rear</u>
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. _____		D.O.I. <u>24/03/20</u>

Survey held at Premium

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
	<u>TP A16</u>

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$) \_\_\_\_\_

: Interview (\$) \_\_\_\_\_

: Tech. Invs (\$) \_\_\_\_\_

: Weekend (\$) \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_