INS CASE OWNER | CC4/AIG20006002/Uba3 | LKK IDAC

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time: 28/05/2020

Registered in Merimen: 28/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No.: GBG 7001R Claim No.: _____

Name of Insured: _____ Policy No.: _____

Insured Tel No.: _____ HP: _____ Make / Model: _____

Excess Sec II :S$ _____ D.O.A: 26/05/2020 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**

SLX 8062A → _____ → _____ → _____

INSRS:
WSP: HOCK WAH
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SLX 8062A - X
	GBG 7001R - NBA/AIG18021333/Y ; 23/11/2018

Date:
Approved by:
By (staff):
Reject Case

Reject Case
By (staff):
Approved by:
Date: 23/06/20

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 + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		REJECT
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/AIG20006002/Ubq3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLX8062A

at Workshop m/s hockwoh

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

Bal. or Market Value: $33k..

IDAC Accident Rport: 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 1526

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SLX8062A Yr Regn: 8/4/11

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

Make: Toyota Lexus RX450H c.c 3456

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

Sp.Reading 132172 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTJBC11A102041476

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:** 235/60R18

R:

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

	Front		Rear	
R/Bal.	6	mm	6	mm
L/Bal.	6	mm	6	mm

D.O.A. 26/5/20 D.O.I. 28/5/20

Survey held at

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

O/S Body / N/S Rear &

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

Date / Time Action / Instruction Bal 10 mth plus.

coe until 7-4-2021 LTA 26829

rep 15k. Nett 6171

* TOTAL LOSS urgent. have video & folder — Not economical to repair.

Nett loss $6171

MV: $33000.00

LTA Rebate: $26829.00

NV: $ 6171.00

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ **: Preli. Report**

☐ **: Final Report**

Days Of Repair:

Resurvey No. of Trip:

Report Format :

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

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:

Transportation:

TOTAL