15/5/2010

INS. CASE OWNER: CC3 /III150 13900 / Kpa3

LKK:

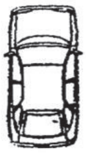
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 14-08-18 Date / Time : 14-08-18

Registered in Merimen: 17-08-18

Pre-assign / CCU / FTE



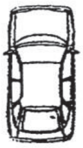
Insured Vehicle No. : SHC 6194 Z	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 13-08-18	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

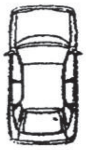
Driver Tel No. : (V/L: YES / NO Insured Liability : % **Final ? Yes / No**

1918

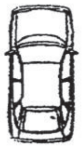
SHD 943M → ______ → ______ → ______



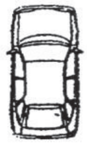
INSRS: Trans-Cab
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver's Own Vehicle Number: **Insurance Company:**

SHD943M - CC3/CA418010152/Kpm3, DOA: 13/8/18

SHC 6194Z. x

STAGE	**DATE / PIC**
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
Others:	

Documentation Check List:	**Handler**	**Typist**
OI Apt Ltr:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
Approval Email:	☐	☐
Payment Breakdown Form:	☐	☐
Others:	☐	☐

FINAL SETTLEMENT	Date :	Confirm with		
Repair Cost:	S$	Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :
Loss of Rental:	S$	(days)		If NO or B 28, Ass. Lia :
Loss of Use:	S$	($ x days)	1) Claim status: Normal/Reject/Private Settle	
			2) Report Format:	

ASS. REC. BY: Kenneth

REF: TU /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJD 943M Yr Regn: 08, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A2

Make: Toy Wish c.c 1794

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

Sp.Reading 703766 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W203002821

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: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	5 mm
L/Bal.	8 mm	L/Bal.	5 mm
D.O.A.	13/8/15	D.O.I.	14/8/15

Survey held at _____

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

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

Date / Time	Action / Instruction
	Est not ready
17/8	Est pass to Catherine

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	

Report Format :