CC 6/III150 05701/ Gr e3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _Guo Qiang_   DOI: _02/04/15_   Assg Date: _02/04/15_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHD 1579A_   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _09/02/15_   Place of Accident : _____

Is driver the owner? (YES / NO)   Nature of Accident : _____
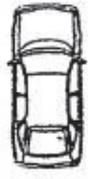
If **NO**, Driver Name / Age : _____

Driver Tel No. : _____

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

(V/L: YES / NO Insured Liability : ____ % **Final ? Yes / No**

SJG 1835X

INSRS:
WSP: Mova Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: _____ Insurance Company: _____	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$	(S ____ x ____ days)		Format Type :

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   Mova Auto

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.**

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**

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

CA / REV / REP. / 24 HRS

Vehicle: **IN** / **OUT**

Date: _____   Person Contacted: _____

Veh No: SJG 1835 X   Yr Regn: 2008 Jun

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

Make: Toyota Altis   c.c 1598

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

Sp.Reading 57885   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053ZEE10·611/322

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: 195/65 R15

R: 11

N/S	O/S

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

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A.		D.O.I. 02-04-15	

Survey held at   w/s

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

O/S Rear

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

Date / Time	Action / Instruction

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

1) _____   ☐ : **Final Report**

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_S + RS_ SI	
Photos	
Others	

Report Format : _____