13/8/2010

CC4/III1601 3993, Deb3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: Bryan

DOI: 7/8/16

Date / Time : 27/7/16

Registered in Merimen: 28/7/16

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7511D		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 15/7/16	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**

SKW 8647E →

INSRS: WSP: teamwork Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SKW 8647E / SH 7511D } m/t/ac [illegible] DOA: 15/7/16	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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with If NO or B 28, Ass. Lia :

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	S$	(days)
Loss of Rental (LOR):	S$	(S x days)
Loss of Use (LOU):	S$	(S x days)
Loss of Income (LOI):	S$	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**
GIA/LTA Search	S$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	(e.g. Tow/ Independent) 2) Report Format:
Disbursement:	S$	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:

(08/11/13)

REF: III

Surveyor:

ASSIGNMENT

From: Date: 01082016

Estimated Cost:

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

To Inspect Vehicle No: SKW 8647E

at Workshop m/s Teamwork

of 53 Ubi Ave 1 #01-24

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS / Wpi

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKW 8647E Yr Regn: May / 2013

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

Make: Volkswagen Scirocco c.c 1390

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

Sp.Reading 37979 T/Radio: Insured / Std / NI / NA

Eng/No: CTH005386

C/No: WVWZZZ13ZDV008523

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: 235/35 R19

R: — " —

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

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

D.O.A. 15/07/2016 D.O.I. 02/08/2016

Survey held at Teamwork Paya Ubi

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

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

Date / Time	Action / Instruction
	III SH 75110

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

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:

S + RS SI

Photos

Others

TOTAL