1/5/2010

CC 3/III1601 7294, KN63

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: kenneth

DOI: 14/9/16

Date / Time: 14/9/16

Registered in Merimen: 15/9/16

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8733E

Name of Insured :

Insured Tel No. :

HP:

D.O.A.: 9/9/16

Excess Sec II :S$

Nature of Accident :

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHF 609T →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHF 609T – [illegible] DOA: 22/6/15
	SHC 8733E – [illegible]

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:
Confirm by: Email ☐ Call ☐

Confirm with:

FINALIZATION Date/Time: %
Repair Cost: S$ (days) Reduction:
Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with
(Agreed / Assessed) BOLA S/N No. :
If NO or B 28, Ass. Lia.:

Final Liability: %
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$ **[Tick only one]**
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐

GIA/LTA Search S$
Medical: S$ (e.g. Tow/ Independent)
Disbursement: S$
Legal Cost S$
Total: **S$** **Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

Email ☐ Call ☐

Confirm with:

FINAL PAYMENT Date/Time:
Payee 1: S$ Name 1:
Payee 2: (Strike if N.A.) S$ Name 2:
Payee 3: (Strike if N.A.) S$ Name 3:

ASS. REC. BY: Kenneth

REF: TII /

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)

N/S	O/S

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: 2 1/2 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SHF 609 T Yr Regn: 06, 14

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

Make: Renault Lortide c.c 1995

Colour: M. White/Red A/C: Insured / Std / NI / NA

Sp.Reading 308374 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: VF1ABL15AUC. 278448

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: 215/60R16

R: ______

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	7	mm
L/Bal.	8	mm	L/Bal.	7	mm
D.O.A.	9/9/16		D.O.I.	14/9/16	

Survey held at ______

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S 1st

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

Date / Time	Action / Instruction
15/P	File pass to Cathern

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Prell. 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	