INS. CASE OWNER:

LKK: ___
IDAC: ___

CC **4** /EQI1701 **0234 , Up63 .**

ASSIGNMENT

Surveyor: **MMkMs**

DOI: **26/9/17**

Date / Time : **26/5/17**

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : **YN 87084**

Name of Insured : ___

Insured Tel No. : ___   HP: ___

Excess Sec II :S$ ___   D.O.A : **12/5/17**

Is driver the owner? (YES / NO)   Nature of Accident : ___

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**

GY 8117E

INSRS: **Nin's**
WSP:
Tel :   **Bro**
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE	DATE / PIC
	GY 8117E -x	**YN 87084 -x**		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: ___ Email ☐ Call ☐

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$ ___

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$ ___

Medical: S$ ___   (e.g. Tow/ Independent)

Disbursement: S$ ___

Legal Cost S$ ___

1) Claim status: Normal/Reject/Private Settle

2) Report Format: ___

3) Survey fee: ___

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: ___

ASSIGNMENT

From:	Date: 06052017
Estimated Cost:	

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

To Inspect Vehicle No: GY 8117E

at Workshop m/s Liv's Brother

of Blk 1 Koka Bukit Ave 4 #01-01

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:	days	Res.: **Yes** or **No**
Lum Sum:	%	3 Val.: **Yes** or **No**

8 | 2020

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date:　　　　Person Contacted:

Veh No: GY 8117E　　Yr Regn: 8 / 05

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover /

　　Truck / Trailer or (M /)

Make: M, + F3511　　c.c 2835

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

Sp.Reading 490199　　T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: F3511 BA 47633

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15

　　　　R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Thunderer

Front			Rear		
R/Bal.	6	mm	R/Bal.	6/6	mm
L/Bal.	6	mm	L/Bal.	6/6	mm
D.O.A.			D.O.I.	26/5/17	

Survey held at

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

L.f.

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

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Date / Time	Action / Instruction

Date/Time. File **Pass** to?	☐ : **Preli. Report**	**Days Of Repair:**	
1)	☐ : **Final Report**	**Resurvey No. of Trip:**	Survey Fee:
Date/Time. File **Return** to?			Transportation
2)	**Add Fee:** ☐ : Site Insp ($)		__S + RS__ SI
	☐ : Interview ($)		Photos
Report Format :	☐ : Tech. Invs ($)		Others
Lump Sum / I.B.I: ($)	☐ : Weekend ($)		
			TOTAL