15/5/2010

INS. CASE OWNER: CC 6/III1702 2092 / U2803

LKK:
IDAC:

## ASSIGNMENT

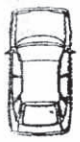
Surveyor: Marcus

DOI: 20/11/17

Date / Time : 20/11/17

Registered in Merimen: 20/11/17

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SKA 7475S

Name of Insured :

Insured Tel No. : HP:

**Excess Sec II :S$** D.O.A : 18/11/17

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 :

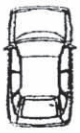
Place of Accident :

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

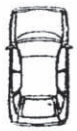
Insured Liability : % **Final ? Yes / No**

SJK1779D →

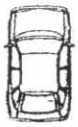
INSRS:
WSP: Chou Motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SJK1779D } [illegible] 18/11/17 |
| | SKA 7475S |

| 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:

**FINALIZATION** Date/Time: Confirm with: Confirm by:

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

**FINAL SETTLEMENT** Date/Time: Confirm with Email ☐ Call ☐

| | | |
|---|---|---|
| Final Liability: | % (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| 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$ | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ | 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: | |

Surveyor Worsley REF: 111

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJK1779D

at Workshop m/s: Choo motor

of:

Insured: SH/A74755

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: 17k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 4217F

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJK1779D Yr Regn: 10 08

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

Make: M.f Lancer C.C: 1998

Colour: S. hue A.C: Insured / Std / NI / NA

Sp Reading: 141329 T.Radio: Insured / Std / NI / NA

Eng No:

C No: JMYSTCY4A8U004541

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: 225/45ZR21F

R:

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

| Front | | Rear | |
|---|---|---|---|
| R.Bal | 6 mm | R.Bal | mm |
| L.Bal | 6 mm | L.Bal | 6 mm |

D.O.A. 18/11/17 D.O.I 20/11/17

Survey held at:

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

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

| Date / Time | Action / Instruction |
|---|---|
| | LTA 10812 |
| | have GIA clarify |

Net 6188

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. $ ☐ Weighing $

Survey Fee

Transportation

Report Format :

Lump Sum / I.B.I: $