15/5/2010

INS. CASE OWNER:

CC // /AIG1702 *1176* / *R24/65*

LKK:
IDAC:

ASSIGNMENT

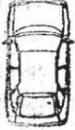Surveyor: _Rashi_   DOI: _20/11/19_   Date / Time: _20/11/19_
Registered in Merimen: _21/11/19_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SLQ 4810X_   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____ D.O.A : _18/11/19_   Place of Accident : _____
Is driver the owner? (YES / NO)   Nature of Accident : _____
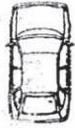
If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SHC 4529E →

INSRS: WSP: _SMRT_ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	_SHC 4529E -X_ _SLQ 4810X -4_	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:

ASSIGNMENT

From:	Date:	Veh No: SHC 4529E	Yr Regn: 2016 / May

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: _____

Make: TOYOTA PRIUS   c.c 1798

at Workshop m/s _____

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

of _____

Sp.Reading 188861   T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No:

Policy No. _____

C/No: JTDKN 364 2057 66787

Claims No. _____

Gen. Cond: Good / (Fair) / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

Tyre Size: F: 195/65R15

R: "

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

	N/S	O/S

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

TOYO / YOKO or   FALKEN

Bal. or Market Value: _____

	Front		Rear	
R/Bal.	5 mm		5 mm
L/Bal.	5 mm		5 mm

IDAC Accident Rport: ___ Consistent? : Yes or No

GIA / PR Seen: ___ Consistent? : Yes or No

Est. Repairs: ___ days   Res.: Yes or No

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

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

Survey held at   SMRT

CA / REV / REP. / 24 HRS

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

REAR N/S

Vehicle: IN / OUT

Date: ___ Person Contacted: ___

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

Date / Time	Action / Instruction	
		11/17/2111
		A14
		SLQ4810X

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

☐ : Tech. Invs ($ ___) Others

Report Format : ___

☐ : Weekend ($ ___)

Lump Sum / I.B.I: ($ ___)

TOTAL