

INS. CASE OWNER: NATALIE

CC 4 / III 170 2 2464 1 T / ea 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 23/11/17Date / Time: 24/11/17Registered in Merimen: 24/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2894M

Claim No. : _____

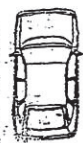
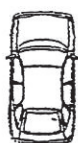
Name of Insured : CTPL

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40Excess Sec II : \$S _____ D.O.A : 22/11/17Place of Accident : AYE TWDS CHANGI AIRPORTIs driver the owner? (YES / NO) Nature of Accident : _____If NO, Driver Name / Age : LEE TAI BOONOI GIA REPORT YES / NO ; TP GIA REPORT YES / NODriver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

CLN 1304BINSRS:
WSP: Prime Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

Date/ Time	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:
Repair Cost:	\$S	(days)	Reduction:	%
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			
Disbursement:	\$S	(e.g. Tow/ Independent)		
Legal Cost	\$S			
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:		

Tanpin

REF: III

ASSIGNMENT

From: _____ Date: **23.11.2017**

Estimated Cost: _____

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

To Inspect Vehicle No: **SLN 1304 B**

at Workshop no: **Prime Auto**

of: **6 Bendu Place**

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.

Bal. or Market Value: _____

IDAO Accident Report: _____ Consistent? : Yes or No

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

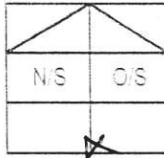
Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT



Veh No: **SLN 1304 B** Yr Regn: **2017 April**

Type: ☒ Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Fit.** No: **1496**

Colour: **Blue.** A/C: _____ Insured / Std / Nil / NA

So. Reading: _____ T. Radio: Insured / Std / Nil / NA

Eng No: _____

C No: **9 GPS 3322138**

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brakes: ☒ In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / STD A/Rim or

Tyre Size: **F: 185/60R15**

R: 185/60R15

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

TOYO / YOKO or **Woflake**

Front: **6** mm Rear: **6** mm

R.Bal: **6** mm R.Bal: **6** mm

L.Bal: **6** mm L.Bal: **6** mm

D.O.A: _____ D.O.I: **23/11/17/1740**

Survey held at: **Prime Auto**

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

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

Date / Time Action / Instruction

take photo to every car

Date/Time File Pass to? ☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transcription

_____ \$ - P.S. _____ \$

Printed

Checked

Report Format: _____

Lump Sum / 1.5 B / 1.5

Add Fee: ☐ Site Insp. \$

☐ Intensive \$

☐ Technical \$

☐ Fee etc. \$

