15/5/2010

INS. CASE OWNER: **NORSIAH** | CC 4 / AIG1702 2539 1 Keaz | LKK:
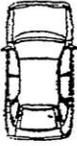IDAC:

ASSIGNMENT

Surveyor: **KENNETH** DOI: **24/11/17** Date / Time: **27/11/17**
Registered in Merimen: **27/11/17**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJR 2722Z** Claim No. : **0219826788SG**
Name of Insured : **MARIMUTHU S/O MURUGASU** Policy No. : **2100262409**
Insured Tel No. : HP: Make / Model : **KIA CERATO FORTE - 1.6 A/T ABS AB 2WD 4DR (A)**
Excess Sec II :S$ D.O.A : **24/11/17** Place of Accident : **BALESTIER RD TWDS MOULEMIEN RD**
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. : **9186 8474** (V/L: **YES** / NO) Insured Liability : % Final ? Yes / No

SLD 7604Z ⟶ ⟶ ⟶ ⟶
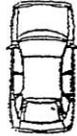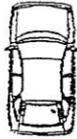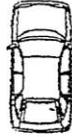
INSRS: | INSRS: | INSRS: | INSRS:
WSP: **Autowox House** | WSP: | WSP: | WSP:
Tel : | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time			STAGE	DATE / PIC
	SLD 7604Z - X ; SJR 2722Z - 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:
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:	

ASS. REC. BY:
REF: A16/

Kenneth

ASSIGNMENT

From: _____ Date: _____	Veh No: SCD 7609 Z Yr Regn: 1
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or ___ A)
To Inspect Vehicle No: _____	Make: Toy Altis c.c 1598
at Workshop m/s _____ Auto Wrox	Colour M. Silver A/C: Insured / Std / NI / NA
of _____	Sp.Reading 30529 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: MR053REH104349524
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi : Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 215/45R17
(Policy Condition)	R: _____

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

[diagram with N/S and O/S labels]

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

Bal. or Market Value: _____	**Front**		**Rear**	
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal. 9 mm		R/Bal. 9 mm	
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. 9 mm		L/Bal. 8 mm	
Est. Repairs: _____ days Res.: Yes or No	D.O.A. _____		D.O.I. 26/11/17	
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at _____			

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
29/11	GIA & EM not ready

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