155/2010

INS. CASE OWNER: Priya | CC 4 /III170 22940 / M/ka3 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: MA CHIN FOOK DOI: 04/12/17 Date / Time: 04/12/17

Registered in Merimen: 04/12/17

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHA 3205G Claim No. :

Name of Insured : CTPL Policy No. :

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 25/11/17 Place of Accident : SERANGOON RD & ST GEORGE RD

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

If NO, Driver Name / Age : QUEK CHIN CHONG CI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : (V/L (YES) / NO ) Insured Liability : % **Final ? Yes / No**

SLS 8054A → → →

INSRS: WSP: Kian Teong Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SLS 8054A - X | | |
| | SHA 3205G - CC3/AIG160162141/Hleg3g2 DOA: 25/08/16 | Non-Reporting ltr (1st): | |
| | - CC3/AXA1102648 6/Hledk2 DOA: 22/12/11 | Non-Reporting ltr (2nd): | |
| | - CC6/III5017543/Fwg3g2 DOA: 15/08/15 | Non-Reporting ltr (Final): | |
| | - CS3/III1102253 0/Agn-1 DOA: 01/11/11 | Notification ltr (if non-pickup): | |
| | - CS3/III1102253 0/Ggm DOA: 01/11/11 | Call OI: | |
| | - NA/INC1000932 2/S1 DOA: 13/05/10 | After call ltr to OI: | |
| | - NS/INC1501394 9/Hlgb02 DOA: 15/08/15 | **Documentation Check List:** | **Handler** / **Typist** |
| 04/12/17 (Tue) | * Estimate Incomplete | 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: | |
| **PRELIMINARY ADVICE** Date/Time: | Sent By: | Post-Repair Photos: | |
| | | Others: | |

| | | | |
|---|---|---|---|
| **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: | |

(08/11/13)

Surveyor

REF:

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s KIAN TEONG.

of _____

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**

**CA / REV / REP. / 24 HRS**

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLS8054A Yr Regn: OCT / 2017

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

Make: NISSAN ALMERA . c.c 1197

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 47497 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: SJNFEAJ11U2622942

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: 215/60/R17

R: —

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 8 mm | R/Bal. | 8 mm |
| L/Bal. | 8 mm | L/Bal. | 8 mm |
| D.O.A. | | D.O.I. | 4/12/2017 |

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|---|---|
| | No GIA Report and incomplete estimate. |

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

1) _____ ☐ : **Final Report**

Date/Time, File **Return** to?

2) _____

**Days Of Repair:** _____

**Resurvey No. of Trip:** _____

**Add Fee:** ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: ___S + RS, ___SI

Photos _____

Others _____

TOTAL _____

**Report Format :** _____

**Lump Sum / I.B.I:** ($ _____)