15i/2010

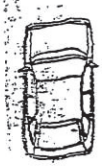
INS. CASE OWNER: Priya | CC 4 /III170 23756 / T/ uaz | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14/12/17 Date / Time: 14/12/17

Registered in Merimen: 14/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2595P | Claim No. :

Name of Insured : CTPL | Policy No. :

Insured Tel No. : HP: | Make / Model : TOYOTA PRIUS

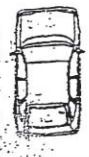
Excess Sec II :S$ D.O.A : 20/11/17 | Place of Accident : SELETAR AEROSPACE ROAD

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

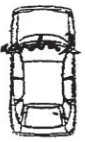
If NO, Driver Name / Age : MOHD TAUD & WAN EMBONG | CI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

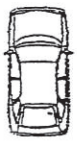
SKR 6364C →



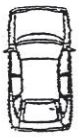
INSRS:
WSP: Weaness Auto (Allianz)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKR 6564K - X
	SHD 3595P - CC3/AIG1100113?/GjcIk2 DOA: 10/01/11
	- NA/INC0902662?0 DOA: 24/4/09
	- NS/INC1500992?9/HIghd1 DOA: 12/06/15

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: Email ☐ Call ☐
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$		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: Tanflm REF: III

ASSIGNMENT

From: Date: 14/12/2017

Estimated Cost:

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

To Inspect Vehicle No: SKR6364K

at Workshop m/s Wearnes Automotive

of 249 Alexandra Road

Insured:

Policy No.

Claims No.

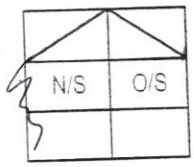
Sum Insured: Excess:

(Client's Record) After 1pm

Make of Veh:

(Policy Condition) Michelle @ 91291556 call before going

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



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 1 wps

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SKR 6364K Yr Regn: 2015 Feb

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

Make: Volvo S60 c.c 1560

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

Sp.Reading 75730 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1FS84ABF2355425

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: 225/40R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	14/12/17@ 2pm

Survey held at Wearnes Alexandra

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

Date/Time. File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: $ + PS $

Photos

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)