

INS. CASE OWNER:

CC6 / AIG18000219 / W/CS3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Wilson

DOI:

29/12/17

Date / Time:

29/12/17

Registered in Merimen:

04/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

G88 8151K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A:

22/12/17

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLM 535M



INSRS:

WSP: 1st Auto

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLM 535M - X ; G88 8151K	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:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
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)	
Total Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Simon PPS Wilson

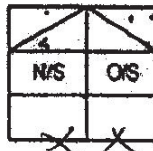
ASSIGNMENT

ATG

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/INV:
To inspect Vehicle No. SLM 535 M
at Workshop m.s. 1st Auto Work
of 23 Kels. Subst. Ave. 4 #04
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.



Est. or Market Value: _____
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen _____ Consistent?: Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lump Sum: _____ \$: 3 Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No SLM 535 M Page 14/3/2017
Type: (M) Car / (M) Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make Chevrolet Cruze cc 1362
Colour Dark Grey Insured / Std / NI / NA
Sp. Reading 8533 T. Race: Insured / Std / NI / NA
Eng: No
C: No KLITIA 698946 353962
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size F: 205/60 R16
R: 205/60 R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook (F) / (R)
Front _____ Rear _____
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 22/12/2017 DOI 29/12/2017
Survey held at: As Above
Des. of Damages: Frt (Rear) / O/S / N/S / U/C / Roothop or

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

Date / Time Action / Instruction
29/12/2017 Quotation Given

Can Time File Passed: ☐ : Prel. Report
☐ : Final Report

Can Time File Returned:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transporter

Insurance - PE - US

Phone

Address

TOTAL

Report Format:

Lump Sum / I.B.I.: \$

Add Fee: ☐ Site Insp \$5

☐ Interview \$5

☐ Tech Insp \$5

☐ Weekend \$5