15/5/2010

INS. CASE OWNER: CC 4 / 1111 8000375 , Swa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: YWK　　DOI: 8/1/18　　Date / Time: 08/01/18

Registered in Merimen: 08/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 3695A		Claim No. :	
Name of Insured :		Policy No. :	Gx
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 08/01/18	Place of Accident :	
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. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHB 5233G →　　→　　→

INSRS: WSP: fmp7, wl Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB 5233G - X:
	SHA3695A - CL6/1111600 8563/P4yb392 ; DOA: 08/06/16
	- NC/INC1 6007713/W1gbn2 ; DOA: 23/4/16

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:
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:	

REF: III

ASSIGNMENT

From: Date: 08/01/2017
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV (TP circled)
To Inspect Vehicle No: SHB 5233G
at Workshop m/s: SMRT
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 'WP'
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SHB 5233G. 1st Regn: 25/1/2017.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover (Taxi circled)
Truck / Trailer or
Make: Toyota Prius cc: 1798
Colour: Maroon. A/C: Insured / Std / NI / NA
Sp Reading: 133337 T.Radio: Insured / Std / NI / NA
Eng No:
C/No: JTDKN364805768849
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: NA / S/Rim / STD A/Rim or
Tyre Size F: 195/65R15
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front			Rear		
R.Bal.	6	mm	R.Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	5/1/18.		D.O.I.	8/1/18.	

Survey held at: SMRT
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or (Rear circled)
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

TAX/01/18/2020
Lck.
III

Date/Time File Pass to: ☐ : Preli. Report
☐ : Final Report
Date/Time File Return to:

Days Of Repair:
Resurvey No. of Trip:

Survey Fee
Transportation

Add Fee: ☐ Site Insp. $
☐ Interview $
☐ Technical $
☐ Weekend $

Report Format:
Lump Sum / I.B / ...

TOTAL