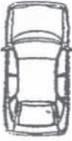


Surveyor: Kenneth DOI: ASSIGNMENT 12-1-18 Date / Time: 12-1-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 3914E Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 10-1-18 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

MS

SAC 5772M → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: Wang-Cub  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC	
<p><u>SAC 5772M - NPA/INCL TO 10/26/17; DOA: 16/10/17</u>  <u>CC3/ATCL 1800084537/Kca397; DOA: 2/6/15</u>  <u>SJR 3914E, x</u></p>	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

**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\$ \_\_\_\_\_  
 Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: \_\_\_\_\_  
 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: AAA /

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

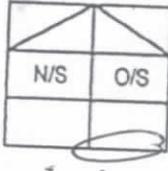
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: S11C 5272m Yr Regn: 03, 14

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

Truck / Trailer or \_\_\_\_\_

Make: Perant Latitude c.c 1995

Colour M. White 1R A/C: Insured / Std / NI / NA

Sp. Reading 658779 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VFI ABL 15 AUG 276 718

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Giti 215/60R16

R: Falken

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

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 8 mm

L/Bal. 9 mm L/Bal. 8 mm

D.O.A. 10/1/18 D.O.I. 12/1/18

Survey held at \_\_\_\_\_

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

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

Date / Time	Action / Instruction
<u>15/1</u>	<u>File pass to Cathman</u>
	<u>L1 By 812,300h</u>

Date/Time, File Pass to?  : Prell. Report  : Final Report

1) \_\_\_\_\_  
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. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Report Format : \_\_\_\_\_  
Lump Sum / I.B.I: (\$ \_\_\_\_\_ )