15/5/2010

INS. CASE OWNER: Sundari | CC 4/ III18000945 / T/ hs3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: TAUFIKH   DOI: 15/01/18   Date / Time : 15/01/18

Registered in Merimen: 16/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 1473 L		Claim No. :	
Name of Insured : CTPL		Policy No. :	
Insured Tel No. :	HP:	Make / Model : HYUNDAI I40	
Excess Sec II :S$	D.O.A : 13/01/18	Place of Accident : EU TONG SEN ST TOWARDS RIVER VALLEY RD	
Is driver the owner? (YES / NO) (NO circled)	Nature of Accident :		
If NO, Driver Name / Age : ANG KAI GUAN		OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	Final ? Yes / No

SLG 9016 S → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Ding Auto (Soon Lee)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLG 9016S - X
	SHA 1473L - CL4/III15014224/H/pc3s2 DOA: 15/03/15
	J-CS/III11020553/U/s2 DOA: 05/10/11

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:	

Tayfun REF: III

ASSIGNMENT SLG 90165

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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: ~~[illegible]~~ Regn: 2016 oct.

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

Truck / Trailer or

Make: Toyota Altis cc: 1598

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

Sp.Reading: 10241B. Radio Insured Std / NI / NA

Eng No:

C/No. MR053REH104558238

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: 205/55R16

R: 〃

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

Front			Rear		
R/Bal.	6	mm	R.Bal.	6	mm
L/Bal.	6.	mm	L.Bal.	6	mm
D.O.A.			D.O.I.	15/1/18 @ 4pm	

Survey held at: Ding Auto

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

Frt o/s

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

Date . Time Action / Instruction

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 $

☐ Tech ... $

☐ ... $

Photo

Other

Report Format :

Lump Sum / I.B ...