15/5/2010

INS. CASE OWNER: Stacey | CC 4 ASM /AXA1800 11775 / U 963 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 24/01/18 Date / Time : 17/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SFV 2287E Claim No. : S8M0078Z / 75800

Name of Insured : DARREN MICHAEL WEBB Policy No. : HA2145776

Insured Tel No. : HP: Make / Model : NISSAN

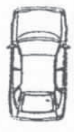
Excess Sec II :S$ D.O.A : 13/01/18 Place of Accident : QUEENSWAY SHOPPING CENTRE CP

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

If **NO**, Driver Name / Age : DARREN WEBB OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SFP 4020D → → →



INSRS:
WSP: SMC
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
19/1/18 JHS	SFP 4020D -X SFV 2287E -X * Smart claim. OI accidently hit parked veh while she reversing.
23/01/18 @ 1:57	Email to TP Repairer that Liab is clear & requested to arrange for survey.

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:	% 106 (Agreed / Assessed) BOLA S/N No. : N/I	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:	

(08/11/13) wef

ASS. REC. BY: MARCUS

REF: QYA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKF 4020D

at Workshop m/s SME

of _____

Insured: _____

Policy No. _____

Claims No. _____

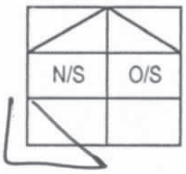
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : **Yes** or **No**

CIA / 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

Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

Veh No: SKF 4020D Yr Regn: S, 12

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

Truck / Trailer or CA/

Make: BMW 520i c.c 1997

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 203936 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WBAXG12000DX48220

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: _____

R: 225/55R17

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. 13/1/18 D.O.I. 29/1/18

Survey held at _____

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

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

Date / Time	Action / Instruction
	L1467582

Date/Time, File **Pass** to? _____

1) _____

Date/Time, File **Return** to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	