

INS. CASE OWNER:

CC 3 / LCR18001372 1 RWS3

LKK:
IDAC:

ASSIGNMENT

Surveyor: RASULDOI: 22/01/18Date / Time: 22/01/18

Pre-assign / CCU / FTE

Registered in Merimen: 23/01/18Insured Vehicle No. : SLR 8092U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 20/01/18

Place of Accident : _____

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

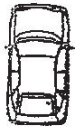
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SHC 4114TINSRS:
WSP: SMK (Woodlands)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE/PIC
SHC 4114T - CF/AIG 08017064 / SW	DOA: 02/06/07	
- CQ/TIT 08008063 / 2W	DOA: 02/06/07	
- N3AMGA08011364 / 41	DOA: 18/02/18	
- N3M1ZNC09003938 / 241	DOA: 19/02/09	
	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. :	Email ☐ Call ☐
Repair Cost:	S\$	If NO or B 28, Ass. Lia :
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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format:
Total:	S\$	3) Survey fee:
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:

103 11
Suzuki *Refuse*

REF:

ASSIGNMENT

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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 4114T Yr Regn: 2013 / JUN
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: CHRYSLER EPICA C.C. 1991
Colour: MAROON A/C: Insured / Std / NI / NA
Sp. Reading: 496033 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KL1LA69R3BA13909
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Modi: Nil / 3/Rim / STD A/Rim or _____
Tyre Size: F: 205/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken
Front _____ Rear _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 20/01/18 D.O.I. 22/01/18
Survey held at SMRT
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRT N/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

01/18/2022

ALL

SLR80924

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐ : Site Insp (\$ _____) ☐ : S - RS (\$ _____)
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)

Report Format : _____

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

TOTAL