15/5/2010

INS. CASE OWNER: **TE**   CC **4** / ASM1800 **2409, Heas**   IDAC: ~~Swosp~~ 2947o

ASSIGNMENT

Surveyor: _**LMP**_   DOI: _**09/07/18**_   Date / Time: _____

Registered in Merimen: _____

Pre-assign / CCU / FTE
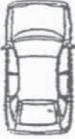
Insured Vehicle No. : **SFG 2185D**   Claim No. : **S8M 00867** (*x*)

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : **3/7/18**   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

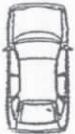Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SLA8282C ⟶   ⟶   ⟶

INSRS: WSP: **Premlu** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		SLA8282C - X ; SFG 2185D - X	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: **142**   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$ 1) Claim status: Normal/Reject/Private Settle

Medical: S$ 2) Report Format:

Disbursement: S$ (e.g. Tow/ Independent)   3) Survey fee:

Legal Cost: S$

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:	

Surveyor

ASSIGNMENT

From:	Date: 09.02.2018	Veh No. SLA 8282C Yr Regn: 2016 Jan

Estimated Cost:

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

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

To Inspect Vehicle No: SLA 8282C

Make: Audi A1 SB   c.c 999

at Workshop m/s Premium

Colour Red -

of 55 Ubi Rd 1

A/C: Insured / Std / NI / NA

Sp. Reading 12485

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: WAUZZ28XSGB058751

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / (STD A/Rim) or

10GM

Tyre Size: F: 215/45R16

(Policy Condition)

     R: 215/45R16.

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

N/S	O/S

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

Bal. or Market Value:

Front

Rear

IDAC Accident Rport: Consistent? : Yes or No

R/Bal. 06   mm   R/Bal. 06 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 06   mm   L/Bal. 06 mm

Est. Repairs: days   Res.: Yes or No

D.O.A.   D.O.I. 09/02/18

Lum Sum: %   3 Val.: Yes or No

Survey held at Premium.

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time	Action / Instruction
	TP AXA.

Date/Time: File Pass to?	☐ : Preli. Report	Days Of Repair:
1)	☐ : Final Report	Resurvey No. of Trip: Survey Fee
Date/Time: File Return to?		Transportation
2)	Add Fee: ☐ Site Insp. :$	$ - PS $
	☐ Interview :$	Photos
Report Format :	☐ Tech. Invs :$	Others
Lump Sum / I.B.I :$	☐ Weekend :$	TOTAL