15/5/2010

INS. CASE OWNER: Priya | CC4 / III18002495 /MIws3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Ma Chu Fook DOI: 07/02/18 Date / Time: 06/02/18

Registered in Merimen: 07/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHA 2085S		Claim No. :	MCT18020122
Name of Insured :	CTPL		Policy No. :	MCom 0015
Insured Tel No. :		HP:	Make / Model :	HYUNDAI I40
Excess Sec II :S$		D.O.A : 04/02/18	Place of Accident :	SEMBAWANG ROAD
Is driver the owner?	(YES / NO) (NO circled)	Nature of Accident :		

If NO, Driver Name / Age : CHENG SING HOON

Driver Tel No. : (V/L: YES / NO) (YES circled)

OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

Insured Liability : % Final ? Yes / No

SHB 6620R → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chuan: (AMK)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHB 6620R - CC3/AIG09017065/Calg1 DOA: 29/07/09
	- CC3/AXA13015285/Ypy3c3 DOA: 15/08/13
	- C03/AIG09017065/N DOA: 29/07/09
	- CS/FCI14009735/Mg6d1 DOA: 10/05/14
	- NA/AIG14009452/CS DOA: 10/05/14
	SHA 2085S - CC4/III17012992/Kwg2 DOA: 30/06/17
	- CS/FCL17012909/Mlgh3e2 DOA: 30/06/17
12/02/18 (Vivian)	

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: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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:	

REF:

ASSIGNMENT

From | Date

Estimated Cost:

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

To inspect Vehicle No.

at Workshop m/s Qhunny

of

Insured

Policy No.

Claims No

Sum Insured: | Excess:

(Client's Record)

Make of Veh.

(Policy Condition)

N/S	O/S

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

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

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHB6620R

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

Make: HYN I40 | 1685

Colour: Blue. | A/C Insured / Std / NI / NA

Sp.Reading: 66981 | T Radio Insured / Std / NI / NA

Eng No:

C/No. KMHLBH1UMDU042908.

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: 205/60R16

R:

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

Front		Rear	
R/Bal. 8	mm	R/Bal. 8	mm
L/Bal. 8	mm	L/Bal. 8	mm
D.O.A. 04/02/2018		D.O.I. 7/2/2018	

Survey held at

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

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:

Add Fee: ☐ Site Insp $ | ☐ Interview $ | ☐ Tech. $ | ☐ Weekend $

Survey Fee

Transportation

Photos

Report Format

Lump Sum / I.B.I. $