15/5/2010

INS. CASE OWNER:     CC 3 / 1111800   2572 , Kka3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:   Kenneth     DOI: 7/2/18     Date / Time: 7/2/18

Registered in Merimen: 8/2/18

**Pre-assign / CCU / FTE**

Insured Vehicle No. :   SHB 8574B

Name of Insured :

Insured Tel No. :     HP:

**Excess Sec II :S$**     D.O.A : 5/2/18

Is driver the owner? ( YES / NO )

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

If **NO**, Driver Name / Age :

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

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

Insured Liability :   %   **Final ? Yes / No**

SHC 5702 P

| INSRS: | INSRS: | INSRS: | INSRS: |
| WSP: Trans Cab | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SHC5702P. X:   SHB 8574B -X | 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: |

**Kenneth**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s    _Trans Cab_

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

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **15** days   Res.: Yes or No

Lum Sum: **1-B.1** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

| Date / Time | Action / Instruction |
|---|---|
| 8/2 | File pass to Corthine |

---

## ASSIGNMENT

Veh No: **S/HC 5702P**   Yr Regn: **06, 15**

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

Make: _Renault Latitude_ c.c **1995**

Colour _n. White / Rd_   A/C: Insured / Std / NI / NA

Sp.Reading **327158**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VF1ABL15AUC 281587**

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: _Giti_ **215/60R16**
       R: _Falken_

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | **7** mm | R/Bal. | **8** mm |
| L/Bal. | **7** mm | L/Bal. | **8** mm |
| D.O.A. | **3/2/17** | D.O.I. | **7/2/18** |

Survey held at _____

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

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

---

Date/Time, File Pass to?
□ : Prell. Report

1) _____
□ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lum 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