15/5/2010

INS. CASE OWNER:

CC 3/ EQI1800 3046 / RWS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL

DOI: 13/02/18

Date / Time : 13/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJP 356Y

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/02/18

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

GBE 9267 → SHB 9396 → SJP 2556Y (OI) → SHC 4274P (TP)

GBE 9267	SHB 9396	SJP 2556Y (OI)	SHC 4274P (TP)
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: SMRT Area (Woodlands)
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 4274P - CC3/CII1702 1774/SWG302 DOA: 10/11/17
	- CC3/MSG1601 5978/RLSB302 DOA: 22/07/16
	- NS/INC 1407216/KLVB12 DOA 07/09/14
	SJP 2556Y - 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: 14/02/18 Sent By: Chelsey Shew

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐
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 + LO ☐ [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:	

Ram

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:

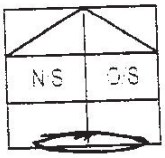
Sum Insured: Excess:

Client's Record:

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

GIA / FP 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: SHC 4274P Reg: 2014 APR

Type: M/Car / M/Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover

Truck / Trailer or:

Make: TOYOTA PRIUS CC: 1798

Colour: MAROON A/C: Insured / Std / NI / NA

Sp Reading: 611861 Radio: Insured / Std / NI / NA

Eng No:

C No: JTDKN 3648057407 13

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

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	12/02/18	D.O.I	13/02/18

Survey held at: SMRT

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

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

Date	Time	Action	Instruction

02/18/2083

EQ

SJP 2556Y

Date/Time File Passed:

: Preli. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Sketches $

$

$

$

Survey Fee

Transportation

Parking

Other

Report Format:

Lump Sum / I.B.R. / S