1/5/2010

INS. CASE OWNER: CC3 / AIG1800 2077 17/kss

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14/02/13 Date / Time: 14/02/13

Registered in Merimen: 15/02/13

Pre-assign / CCU / FTE

Insured Vehicle No. : SKT 402M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/02/13 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

CKK 2464T → → →

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	CKK 2464T - X ; SKT 402M - 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:	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:	

Surveyor: [illegible] REF: AEG

ASSIGNMENT

From: _____ Date: 19.02.2018

Estimated Cost: _____

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

To Inspect Vehicle No: SKK 2464T

at Workshop m/s Volkswagen

of 247 Alexandra Road

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

2.30pm

(Policy Condition)

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

N/S	O/S

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: SKK2464T Yr Regn: 2013 ; June

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

Make: Volkswagen Passat c.c 1798

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 39540 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WVWZZZ3CZDP040705

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: 235 / 45 R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	0 mm
D.O.A.		D.O.I.	19/2/18 evening

Survey held at VW Alexandra

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

Date/Time. File Pass to? 1) _____ ☐ : **Preli. Report** ☐ : **Final Report**

Date/Time. File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____

Transportation _____

Add Fee: ☐ : Site Insp ($ _____) ___S-PS ___SI

☐ : Interview ($ _____) Photos _____

☐ : Tech Invs ($ _____) Others _____

☐ : Weekend ($ _____)

Total _____

Report Format : _____

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