15/5/2010

INS. CASE OWNER: Stacey | CC 4 / ASM1800 3239 / Tiwa3 | LKK: IDAC: 31195

Surveyor: Tanfikh DOI: **ASSIGNMENT** 23/2/18 Date / Time: 20/2/18

Registered in Merimen:

Pre-assign / CCU / FTE SBH 328P

Insured Vehicle No. : Claim No. : SAM00974

Name of Insured : Policy No. : GX

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/2/18 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**

SKR 3043G → → →

INSRS:
WSP: Carcrafters.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKR 3043G - X ; SBH 328P - X
23/2/18	called Stacy, confirm policy no issue. agree to do ~~D.S.~~

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: 1/3 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: Tayllr REF: ASM

ASSIGNMENT

From: | Date: 23/2/18

Estimated Cost:

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

To Inspect Vehicle No: SKR 3043G

at Workshop m/s: Car crafters

of: 48 Toh Guan Rd East #05-155

Insured:

Policy No:

Claims No:

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S
X	

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: SKR 3043G. | Yr Regn: 2015 Jan

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

Make: Audi A3. | cc: 1395

Colour: Black. | A/C: Insured / Std / Nil / NA

Sp.Reading: | T/Radio: Insured / Std / Nil / NA

Eng No:

C/No: WAUZZZ8V3F1037456

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/35 R19.

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.	6	mm
D.O.A.			D.O.	23/2/18 @ 1150	

Survey held at: Car Crafters

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

Rear N/S

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

Date / Time | Action / Instruction

Date/Time File Pass to: | [ ] : Preli. Report | Days Of Repair:

[ ] : Final Report | Resurvey No. of Trip: | Survey Fee:

Date/Time File Return to: | Transportation:

Add Fee: [ ] Site Insp: $

[ ] Intensive: $

[ ] Tech: $

[ ] Weekend: $

Report Format:

Lump Sum / I.B.: $