INS. CASE OWNER: _Ernest_ | CC4 /~~AXA~~ A5M 1800 3240, U j6b LKK: _____ IDAC: _____

ASSIGNMENT

Surveyor: _Marcus_   DOI: _27/2/18_   Date / Time: _20/2/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SKW 3901D_   Claim No. : _S8M00973 / 31249_

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _18/7/18_   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**

_CB 6356M_ →

INSRS: _Bedok motor_
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	_CB 6356M –X_ _SKW 3901D –X_	Non-Reporting ltr (1st):	
	X cannot claim	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 ☐

				If NO or B 28, Ass. Lia :
Final Liability:	____ %	(Agreed / Assessed) BOLA S/N No. :		
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:

ASSIGNMENT

From: Date: 22/12/18   Veh No: CB6356M   In Regn: 1/00

Estimated Cost:

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV   Truck / Trailer or (M)

To Inspect Vehicle No: CB6356M   Make: Mit Rosa   cc: 4214

at Workshop m/s: Bedok Transport   Colour: White   A/C   Insured / Std / Nil / NA

of 30/32 Defu Lane 9, 539270   Sp.Reading: 645292   T.Radio Insured / Std / Nil / NA

Insured: Eng No:

Policy No: C/No: BE 637JB00483

Claims No: Gen. Cond: (Good) / Fair / Poor / Burnt /

Sum Insured: Excess: Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)   10am-12pm   Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: Mod: (Nil) / S/Rim / STD A/Rim or

   Tyre Size: F: 215/75R17.5

   R:

(Policy Condition)

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

N/S   O/S   BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or   Advance

Bal. or Market Value: Front   Rear

IDAC Accident Rport: Consistent? : Yes or No   R.Ba: 6   mm   R.Ba: 6/6 mm

GIA / PR Seen: Consistent? : Yes or No   L.Ba: 6   mm   L.Ba: 6/6 mm

Est. Repairs: 3 days   Res: Yes or No   D.O.A: 22/12/18   D.O.I: 22/12/18

Lum Sum: 1.3t %   3 Val: Yes or No   Survey held at:

CA / REV / REP. / 24 HRS   Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Vehicle IN / OUT   O/S Rear

Date: _____ Person Contacted: _____   The UIC / Chassis frame / Body Structure affected due to collision

Date / Time   Action / Instruction

only Tahun

22/12/18 Confirmed final fig #2000 with Mr Iye.

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: $

☐ Interim: $

☐ Tech: $

☐ Weekend: $

Report Format:

Lump Sum LB: