CC 6 /AIG1800 3308 , U ?/?? | LKK: | IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _Marcus_   DOI: _21/7/18_   Date / Time : _21/2/18_

Registered in Merimen: _21/2/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SLG 1346S_   UR   Claim No. :

Name of Insured : _UR_   Policy No. :

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**

SLN 42787 →   →   →

INSRS: WSP: _pegasus_ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			STAGE	DATE / PIC
	SLN 42787-X	_SLG 1346S-Y_	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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$		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:	

ASS. REC. BY: _Marcus_   REF: _____   _Ah/_

ASSIGNMENT

From: _____ Date: _____	Veh No: _SLN 4278Z_ Yr Regn: _S17_
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 _CA1_
To Inspect Vehicle No: _SLN 4278Z_	Make: _Mazda 3_ c.c _1496_
at Workshop m/s _Pegasus_	Colour _Grey_ A/C: Insured / Std / NI / NA
of _____	Sp.Reading _51067_ T/Radio: Insured / Std / NI / NA
Insured: _SZG1346S_	Eng/No: _____
Policy No. _____	C/No: _JM6BN 22A8H 015 1360_
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or _____
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi : NIL / S/Rim / STD A/Rim or _____
	Tyre Size: F: _____

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

N/S	O/S

Tyre Size: R: _205/60 2.6_

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

	Front		Rear	
(Policy Condition)				
Bal. or Market Value: _____	R/Bal. _6_ mm		R/Bal. _6_ mm	
IDAC Accident Rport: _____ Consistent? : Yes or No	L/Bal. _6_ mm		L/Bal. _6_ mm	
GIA / PR Seen: _____ Consistent? : Yes or No	D.O.A. _19/2/18_		D.O.I. _21/2/18_	
Est. Repairs: _2_ days Res.: Yes or No	Survey held at _____			
Lum Sum: _20_ % 3 Val.: Yes or No				

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

CA / REV / REP. / 24 HRS

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

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

Date / Time	Action / Instruction
21/2/18	Confirm d/s $1500 with Sharon.

Date/Time, File **Pass** to? ☐ : Preli. Report   **Days Of Repair:** _____

1) _____ ☐ : Final Report   **Resurvey No. of Trip:** _____

Date/Time, File **Return** to?

2) _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

Report Format : _____ ☐ : Tech. Invs ($ _____)

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

Survey Fee:	
Transportation:	
___S + RS,___SI	
Photos	
Others	
TOTAL	