CC 3 / CTI1 80 73423, Swa3

ASSIGNMENT

INS. CASE OWNER:
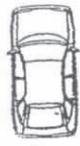
Surveyor: _YWK_

DOI: 21/07.8 Date / Time: 21/07/8

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 3952S

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A: 15/07/8

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

SHB 133 U →

INSRS:
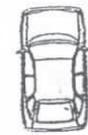WSP: SupT.m
Tel :
Liability :
RMKS:
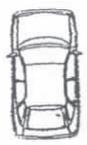
INSRS:
WSP:
Tel :
Liability :
RMKS:
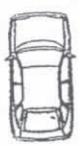
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 133U -X, SLN 39528. X	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: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Repair Cost: S$ ____ (____ days) Reduction: ____ % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ If NO or B 28, Ass. Lia : _____

(Agreed / Assessed) BOLA S/N No. : _____

Final Liability:	%		
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$: Email ☐ Call ☐

FINAL PAYMENT Date/Time: _____ Confirm with: _____

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

Sirreutor.

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.**

	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: SHB 1334 **Yr Regn:** 25/10/2013

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

Truck / Trailer or _____

Make: Toyota Prius.   **c.c** 1798

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

Sp.Reading 480713   **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN 3644056 92918

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: 195/65R15

R: 4

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Falkry

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 15/2/18.		D.O.I. 21/2/18	

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

TAX/02/18/2117
LKK.
China Taiping.
SLN 39525

Date/Time, File Pass to? ☐ : **Preli. Report**

1) _____ ☐ : **Final Report**

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

_S +RS._SI

Photos

Others

TOTAL