15/5/2010

INS. CASE OWNER: CC 6 / LCR1800342G / AWST

LKK:

IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 21/02/18 Date / Time : 21/02/18

Registered in Merimen: 22/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 2873T Claim No. :

Name of Insured : LCR Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/02/18 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**

SCA 1662 → → →

INSRS: WSP: Hua Ang Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SCA 1662 - NA/AIG1900320416-3 DOA: 16/02/18
	J - SC/TP0700321996946 DOA: 19/09/07
	SLN 2873T - NA/AIG1800320416-3 DOA: 16/02/18

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: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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 + LO ☐ **[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

REF:

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: SCQ1166Z. Yr Regn: 2016/ Oct

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

Truck / **Trailer** or _____

Make: Toyota Altis. c.c 1598

Colour Grey. A/C: **Insured** / **Std** / **NI** / **NA**

Sp.Reading 150409 T/Radio: **Insured** / **Std** / **NI** / **NA**

Eng/No: _____

C/No: MR053REH104556610.

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: 205/55R16.

R: 205/55R16.

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

TOYO / **YOKO** or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	21/02/18

Survey held at Hua Meng.

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
	TP A/G

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Report Format : _____

Lump 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 _____