			The state of the s	
15/5/2010	CC4/DAI1800 >	ry, M	1 MM LKK:	
INS. CASE OWNER			IDAC:	
	ASSIGNM Vb	ENT	-2016/102	
Surveyor:	May DOI:	1 18	Date / Time : Y// [V [V ]	
		. (	Registered in Merimen:	
Pre-assign / CCU				
F	SUR 9628T	Claim No		
Insured Vehicle No		Claim No.	•	_
Name of Insured		Policy No.	:	_
Insured Tel No.	: HP:	Make / Model	:	
Excess Sec II :S\$	D.O.A: VV OYAK	Place of Accide	ent:	
Is driver the owner	? (YES / NO ) Nature of Accident :			
		OLCIA DEDOE	RT: YES / NO ; TP GIA REPORT: YE	S / NO
If NO, Driver Nan	-	Insured Liability	100 EST 012/22 122	37110
Driver Tel N				
sur 962	187 - STN HBJ -	874 127	<u> </u>	
INSRS:	INSRS: and Add	INSRS:	INSRS:	
WSP:	WSP: CAVIVOS	WSP: Tel:	WSP: Tel:	
Tel:	Tel: Liability: 10	Liability:	Liability:	
RMKS: 01	RMKS: LY	RMKS:	RMKS:	
Date/ Time				
- Date Time	Spu 218]-x 5429618]-x	\	STAGE DA	TE / PIC
	- Ju		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
7			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: 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\$:		Email Call	
FINAL PAYMENT	Date/Time: Confirm with:		Email Call	

Payee 1:

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

S\$

S\$

S\$

Name 1:

Name 2:

Name 3:

## ASSIGNMENT

From	Date:	Veh No. STUTUS.	Yr Regn: NOV 2009.			
Estimated Cost:		Type M.Car / M.Cycle / Bus / Van / L	orry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / O	D RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:		Make: HYN 134	2			
at Workshop m/s	CARPUS.	Colour WHITE	A/C Insured / Std / NI / NA			
of		Sp.Reading (22816.	T/Radio: Insured / Std / ŇI / NA			
Insured		Eng/No:				
Policy No.		C/No: KMHDC51	DMA4227828.			
Claims No.		Gen. Cond Good / Fair / Poor / Bur	nt			
Sum Insured:	Excess:	Steering: Steering: Steering: Steering: Order / Jammed / Leaked / Burnt or				
(Client's Record)		Brake: (norder / Jammed / Leaked / Burnt or				
Make of Veh:		Modi: Nil /S/Rm / STD A/Rim				
		Tyre Size: F: 215	145/RA			
(Policy Condition)		R:				
Remark: The veh had con	mmenced its N/S O/S	BS BUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR / SUMI /			
repair at the tim	ne of inspection.	TOYO / YOKO or				
Bal. or Market Value:		Front	Rear			
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. mm	R/Bal. mm			
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 7 mm	L/Balmm			
Est. Repairs:	days Res.: Yes or No	D.O.A. 22/02/201	DOI 3-6/2/2018.			
Lum Sum:	% 3 Val.: Yes or No	Survey held at	7			
CA / REV / REP. /	24 HRS	Des. of Damages : Fit Real   Of	S / N/S / U/C / Rooftop or			
	Vehicle: IN / OUT					
	erson Contacted:	The U/C / Chassis frame / Bo	ody Structure affected due to collision.			
Date / Time   Action /	Instruction					
	-					
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:				
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:			
Date/Time, File Return to?			Transportation			
2)	Add Fee	Site Insp (\$	)S +RSSI			
		Interview (\$	) Photos			
Report Format :		Tech Invs (\$	Others			
Lump Sum / I.B.I: (S		Weekend (\$				
			TOTAL			