INS. CASE OWNER: | CC *⟋*/IIII1800 *ㄱbᵥᵧ,R⅂jᵧﾋ* | LKK: IDAC:

ASSIGNMENT

Surveyor: _Rasni_ DOI: _ㄱㄱ/ㄱ/ㄧ8_ Date / Time : _ㄱㄱ/ㄱ/ㄧ8_
Registered in Merimen: _ㄱᵦ/ㄱ/ㄧ8_

Pre-assign / CCU / FTE
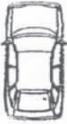
Insured Vehicle No. : _SHC 1011B_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _ㄱㄱ/ㄱ/ㄧ8_ 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**

SGH 7886P → _____ → _____ _____ →
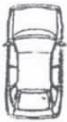
INSRS: WSP: _UVC_ Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SGH 7886P – X SHC 1011B – 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$		
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: Kasue   REF: 2792F

ASSIGNMENT

From:	Date 22/02/18

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No   **SGH 7886P**

at Workshop m/s   **Cycle & Carriage Automotive**

of   **204 Punden Gardens**

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.

Bal. or Market Value:

IDAC Accident Report: 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 'WP'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: **SGH 7886P**   Yr Regd **2016 may**

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

Make: **MITSUBISHI ATTARAGE 1.2 : 1193**

Colour: **BLACK**   A.C   Insured / Std / Nil / NA

Sp. Reading: **037597**   T. Radio Insured / Std / Nil / NA

Eng No:

C/No: **MMBSTA13AHH000404**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Normal / Jammed / Leaked / Burnt or

Brake: Normal / Jammed / Leaked / Burnt or

Mod: Nil / TRS / STD A/Rim or

Tyre Size   F   **188/55R15**
             R

N/S   O/S

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

Front		Rear	
R.Ba. **5**	mm	R.Ba. **5**	mm
L.Ba. **5**	mm	L.Ba. **5**	mm
D.O.A **22/01/18**		D.O.I **22/02/18**	

Survey held at   **C&C (PG)**

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

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

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Date | Time | Action / Instruction

☐ : Preli. Report   Days Of Repair:

☐ : Final Report   Resurvey No. of Trip: Survey Fee

Date/Time File Return'd:

Add Fee: ☐ Site Insp. $

☐ Inter. $

☐ Tech. $

Report Format:

Lumb Sum L.B $