15/5/2010

INS. CASE OWNER:

CC4/III1800 7609, Sub3

LKK:
IDAC:

ASSIGNMENT

Surveyor: YWK   DOI: 20/7/18   Date / Time : 27/7/18
Registered in Merimen: 26/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8122T.			Claim No. :	
Name of Insured :			Policy No. :	
Insured Tel No. :	HP:		Make / Model :	
Excess Sec II :S$	D.O.A : 15/7/18		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**

SFM 3636G → ______ → ______ → ______

INSRS: WSP: STUTTGART Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFM 3636G – X
	SHC8122T – [illegible]

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:
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 REF: III

ASSIGNMENT

From: Date: 26/2/18

Estimated Cost:

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

To Inspect Vehicle No: SFM3636G

at Workshop m/s: TransEurokars

of: 12 Sungai Kadut Ave

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record) Eva

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: SFM3636G 1st Regn: 12/5/2015

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

Truck / Trailer or

Make: Porsche 911 Carrera S cc: 3800

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

Sp.Reading: 32580 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: WP0ZZZ99ZFS111067

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Mod: (N) / S/Rim / STD A/Rim or

Tyre Size: F: 245/35 ZR20

R: 295/30 ZR20

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

Front			Rear		
R.Bal	7	mm	R.Bal	7	mm
L.Bal	7	mm	L.Bal	7	mm
D.O.A	15/2/18.		D.O.I	26/2/18	

Survey held at: Trans Eurokars

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

N/S Rear

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

Date / Time Action / Instruction

Date/Time File Pass to:

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip

Survey Fee

Transportation

Add Fee: ☐ Site Inspt $

☐ Interview $

☐ Technical $

☐ Weekend $

Report Format:

Lump Sum / I.B / $