

INS. CASE OWNER:

CC 4, BSA/800 4342, W ea3

LKK:

IDAC:

Surveyor:

Wagon

DOI:

ASSIGNMENT

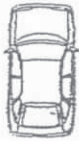
6/3/18

Date / Time :

5/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 6BA 7104J

Claim No. :

V0009508

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 3/3/2018

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. :

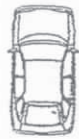
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SBZ 1803H



INSRS:

WSP:

Tel :

Liability :

RMKS:

Ryder Auto.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time		STAGE	DATE / PIC	
SBZ 1803H 6BA 7104J 3/3/18 Pandry Est & RA		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:			

ASSIGNMENT

From _____ Date: 6/3/18
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SBZ 1803H
at Workshop mis Ryder Auto
of 1 Kaki Bkt Ave 6 # 01-56 Autobay
Insured _____
Policy No _____
Claims No _____
Sum Insured: _____ Excess _____
(Client's Record)
Make of Vehicle _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Sal. or Market Value:		
IDAC Accident Rpt:		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*

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
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Veh No SBZ 18034 Yr Regd 1987
 Type M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make Toyota Wish Yr 1987
 Colour Black A/C Insured / Std / NI / NA
 Sp. Reading 233962 T/Radio Insured / Std / NI / NA
 Eng No 3TDG J20W 20502945
 Gen. Condi: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod. Nil / S/Rim / STD A/Rim or
 Tyre Size F: 195/65R15
 R: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
 TOYO / YOKO or

Front

R/Bal.	4	mm
L/Bal.	4	mm
D.O.A.	3/13/2018	

Survey held at: As Above

Des. of Damages: ☒ Fr / ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

Date/Time: File Name: 10/

☐ : Prel. Report

☐ : Final Report

Date Time File Return %

Days Of Repair:

Resurvey No. of Trip:

2009-10-20

Report Format :

Lump Sum / J.B.E.TS

Add Fee: Site Fee: \$

400

726

— 607 —