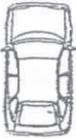15/5/2010

INS. CASE OWNER: CC 4, AIG1800 4350 , Gwa3   LKK: IDAC:

ASSIGNMENT

Surveyor: XGWR   DOI: 6/3/18   Date / Time: 5/3/18   Registered in Merimen: 6/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SFA 5555 G   Claim No. : 889248872656

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A: 7/3/18   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**

PBF 971S →

INSRS:
WSP:
Tel : Unique
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	PBF 971S, X- SFA 5555 G. CC6/AG13032866/K5y7w2 ; bFA 23/11/13 -C53/AKA13032448/8663 ; 60A 23.11.13		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: **FBF971S**

at Workshop m/s **Unique Motorsports**

of **11 Tannery Lane**

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: **3** days   Res.: Yes or No

Lum Sum: **20** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS **wp**

Date: _____   Person Contacted: _____

Ver No: **FBF971S**   1st Regn: **15 Jan 2011**

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

Make: **SYM Excel II**   **150**

Colour: **White**   A/C Insured / Std / NI / NA

Sp.Reading: **46298**   T/Radio Insured / Std / NI / NA

Eng/No.: _____

C/No.: **RLGHA·15DMAD 000 463**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: **110/70 -12**
R: **120/70 -12**

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.		D.O.I	06-03-18
Survey held at	W/S		4pm

Des. of Damages (Frt) / Rear / O/S / N/S / U/C / Rooftop or
and

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

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Date / Time	Action / Instruction
06/3	Finalized $1750 with Alvin.

Date/Time File Pass to?   ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to? _____

Add Fee: ☐

Report Format : _____

Lump Sum / I.B. : _____

Days Of Repair: _____

Resurvey No. of Trip _____

Survey Fee

Transportation