15/5/2010

INS. CASE OWNER: NATALIE | CC6 / III180 04534 / SUS3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Sebastian | DOI: 09/03/18 | Date / Time: 03/03/18 | Registered in Merimen: 09/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2924K | Claim No. :

Name of Insured : CTPL | Policy No. :

Insured Tel No. : | HP: | Make / Model : HYUNDAI SONATA

Excess Sec II :S$ | D.O.A : 30/01/18 | Place of Accident : GEYLANG RD X SIMS AVE

Is driver the owner? (YES / NO) | Nature of Accident :

If NO, Driver Name / Age : MOHAMMAD RAFFI B NAASPAN | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % | Final ? Yes / No

SLK 9716R →

INSRS:
WSP: World Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
14/03/18 (THUR 7PM)	SLK 8716R - X ; SHC 2924K - X

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 + LO ☐ **[Tick only one]**

GIA/LTA Search S$ | 1) Claim status: Normal/Reject/Private Settle

Medical: S$ | 2) Report Format:

Disbursement: S$ (e.g. Tow/ Independent) | 3) Survey fee:

Legal Cost S$

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:	

REF. III

ASSIGNMENT

From: Date: 09/03/2018

Estimated Cost:

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

To Inspect Vehicle No: SLK 8716R

at Workshop m/s: World Auto

of: No. 1 Kranji Loop

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

Client's Record: Vincent @ 96465780

Make of Veh:

(Policy Condition)

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

N/S	O/S

Sal. 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: % S.Val.: Yes or No

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

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SLK 8716R Regn: 2/2/17.

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

Make: Honda Vezel cc: 1496

Colour: Copper A/C Insured Std N NA

Sp. Reading: 123985 T Radio Insured Std N NA

Eng No:

C/No: RU1-1206349

Gen Cond: 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: 215/60R16 Giti

R: 215/60R16 Achilles

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

Front		Rear	
R.Bal	6 mm	R.Bal	6 mm
L.Bal	6 mm	L.Bal	6 mm

DOA: 8/3/18 DO: 9/3/18

Survey held at: World Auto

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

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 visit $ ☐ Photos $ ☐ Tech $ ☐ Res $

Report Format:

Lump Sum: I.B. $