15/5/2010

INS. CASE OWNER: `CC3, III 1800 4622, 19ea3`

LKK:
IDAC:

Surveyor: _AWR_   DOI: _9-3-18_

ASSIGNMENT

Date / Time: _9~3-18_
Registered in Merimen: _12-3-18_

Pre-assign / CCU / FTE   _SHB 6395R_
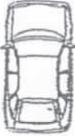
Insured Vehicle No. : _SHB 6395R_

Name of Insured :

Insured Tel No. : ___ HP:

Excess Sec II :S$ ___ D.O.A : _9-3-18_

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHB8895B

INSRS:
WSP:
Tel : _Premw_
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC	
	`SHB8895B - CC7/111160246108/114932 : D0B:14/2/16`	Non-Reporting ltr (1st):		
	`SHB6395R - Nsland 7007315/High1n2, D0B:4/6/17`	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:	

(08/11/13)

Surveyor: Kalvin   REF: _____

ASSIGNMENT

From: _____ Date: _____	Veh No: **SHB 8895B** Yr Regn: **27 Mar 2014**
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _____	Make: **KIA optima** c.c **1685**
at Workshop m/s _____	Colour **Silver** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **454736** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: **KNAHM414ME 5455449**
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or _____
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or _____
	Tyre Size: F: **215/60R16**

(Policy Condition)

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

	N/S	O/S

R: _____

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

Bal. or Market Value: _____	**Front**		**Rear**	
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal. **7** mm		R/Bal. **7** mm	
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. **7** mm		L/Bal. **7** mm	
Est. Repairs: _____ days Res.: Yes or No	D.O.A. **9/3/8**		D.O.I. **9/3/8**	
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at **Premier**			

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

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

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	IN
	4/5

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp ($ ____)
☐ : Interview ($ ____)
☐ : Tech. Invs ($ ____)
☐ : Weekend ($ ____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
__S + RS,__SI	
Photos	
Others	
TOTAL	

Report Format : _____

Lump Sum / I.B.I: ($ _____)