INS. CASE OWNER:	CC4 /LPC1800 4862, 9k63

LKK:
IDAC:

ASSIGNMENT

Surveyor: XGQ   DOI: 13/3/18   Date / Time: 13/3/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 1480G   Claim No. : 17/18/18/VCU0/000463

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/1/18   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**

FBH 8468u →   →   →

INSRS:	Atan	INSRS:	INSRS:	INSRS:
WSP:	motoring	WSP:	WSP:	WSP:
Tel :		Tel :	Tel :	Tel :
Liability :		Liability :	Liability :	Liability :
RMKS:		RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	FBH 8468u ⎤		Non-Reporting ltr (1st):	
	GX1480G ⎦	ma/imigu/4082/ky 009:12/1/18	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:

ASSIGNMENT

From:	Date 13/3/2018
Estimated Cost:	

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

To Inspect Vehicle No: **FBH 8868U**

at Workshop m/s: **Atan motoring**

of **Blk 3006, Ubi Road 1 #01-368**

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.

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: % . 3 Val.: Yes or No

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

Date: Person Contacted:

Vehicle IN / OUT

Veh No: **FBH 8868U**   Reg: **05 Jan 2015**

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

Make: **KYMCO K-XCT 200i 19S**

Colour: **Blue**   A.C. Insured / Std / Nil / NA

Sp. Reading: **—**   T.Radio Insured / Std / Nil / NA

Eng No:

C No: **RFBD 82 060 E 000191**

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: **120/70-14**

            R: **140/70-14**

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

Front		Rear	
R.Bal	**5** mm	R.Bal	**5**
L.Bal	mm	L.Bal	
D.O.A.		D.O.	**13-03-18**
Survey held at	W/S		4:30 pm

Des of Damages Frt / Rear / O/S / N/S / U/C / Roofed or

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

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Date / Time   Action / Instruction

[ ] : Preli. Report   Days Of Repair:
[ ] : Final Report   Resurvey No of Trip:

Date/Time File Pass:

Date/Time File Return:

Add Fee: [ ] Site insp $
         [ ] $
         [ ] $
         [ ] $

Report Format:
Lump Sum I.B