INS. CASE OWNER:	CL	CC 4, Asm1800 5126, M/ea3	LKK:
			IDAC: 35.413

Surveyor: __MACF__ DOI: ___7/3/18___ **ASSIGNMENT** Date / Time: __16/3/2018__

Registered in Merimen: ___—___

Pre-assign / CCU / FTE   __SGT 7676R__

Insured Vehicle No. : _____ Claim No. : __58M 00B02__

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : __15/3/2018__ Place of Accident : _____

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

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

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

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

Insured Liability : ____ %   Final ? Yes / No
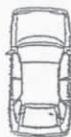
__GX 321 P__

INSRS:	INSRS:	INSRS:	INSRS:
WSP: __FM-1__	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

GX321P. CL6 (AGG11076003) KA2024 i9r9:30/4/14

SGT 7676R - X

Pending V/S & Est.

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 + 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:	Veh No: GX321P Yr Regn: JAN, 2004
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: TOYOTA DYNA c.c 2986

at Workshop m/s EMI.

Colour SILVER A/C: Insured / Std / NI / NA

of

Sp.Reading 108980 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: JTFUF 344 303002008.

Claims No.

Gen. Cond. Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi : (Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/R14 MIC.

(Policy Condition)

R: 155/R12 FIRENZA.

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

N/S   O/S

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

Front		Rear	
R/Bal. 2 mm		R/Bal. 7 mm	
L/Bal. 7 mm		L/Bal. 2 mm	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: days Res.: **Yes** or **No**

D.O.A. 15/3/2018   D.O.I. 22/3/2018

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

Survey held at I

CA / REV / REP. / 24 HRS

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

NS FRONT

Vehicle: **IN / OUT**

Date: Person Contacted:

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

Date / Time	Action / Instruction

Date/Time, File **Pass** to?	☐ : **Preli. Report**	**Days Of Repair:**
1)	☐ : **Final Report**	**Resurvey No. of Trip:**
Date/Time, File **Return** to?		
2)	**Add Fee:** ☐ : Site Insp ($)	
	☐ : Interview ($)	
	☐ : Tech. Invs ($)	
Report Format :	☐ : Weekend ($)	
Lump Sum / I.B.I: ($)		

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL