15/5/2010						
INS. CASE OWNER:	Stacey		CC4, ASM18005473, N ua3		LKK:	36210
					IDAC:	

Surveyor: Max

ASSIGNMENT

DOI: 23/3/18   Date / Time: 22/03/2018

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SGW 9023 X   Claim No. : S8M 00B0J

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : Honda Stream 1.8(A)

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

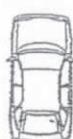Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ____ %   Final ? Yes / No

8LL 8255 Z →

INSRS:
WSP: Worla Auto.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	8LL 8285 Z- X ;		Non-Reporting ltr (1st):	
	SGW 9023 X- car/ MBA1 40029,77 Tipn7 yom 17/2/14		Non-Reporting ltr (2nd):	
	* Proceed O/S		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: 29/3   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: 23/3/18	Veh No. SLL 8255Z Yr Regn: 10 Mar, 2017
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: SLL 82552	Make: HONDA VEZEL HYBRID c.c 1496
at Workshop m/s World Auto	Colour SILVER A/C: (Insured) Std / NI / NA
of No·1 Kranji Loop	Sp.Reading 82412 T/Radio (Insured) Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: RU312/3080·
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: 215/60 R16
(Policy Condition)	R: 215/60 R16
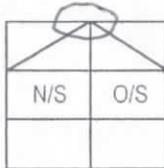
Remark: The veh had commenced its repair at the time of inspection.

	N/S	O/S

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

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

Bal. or Market Value:	D.O.A. 15/03/18 D.O.I. 23/03/18
IDAC Accident Rport: Consistent? : Yes or No	Survey held at WORLD AUTO PTE LTD ·
GIA / PR Seen: Consistent? : Yes or No	Des. of Damages (Frt) Rear / O/S / N/S / U/C / Rooftop or
Est. Repairs: days Res.: Yes or No	
Lum Sum: % 3 Val.: Yes or No	The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS (wp)

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time	Action / Instruction

Date/Time. File Pass to? ☐ : Preli. Report	Days Of Repair:
1) ☐ : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time. File Return to?	Transportation
2)	Add Fee: ☐ : Site Insp ($) _S + RS _SI
	☐ : Interview ($) Photos
Report Format :	☐ : Tech. Invs ($) Others
Lump Sum / I.B.I: ($)	☐ : Weekend ($)
	TOTAL