15/5/2010

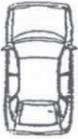INS. CASE OWNER: | CC 3, LCR1800 5593, Kwa3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 23/3/18   Date / Time: 23/3/18
Registered in Merimen: 26/3/18

Pre-assign / CCU / FTE   SLJ 3952M

Insured Vehicle No. : ___   Claim No. : ___
Name of Insured : ___   Policy No. : ___
Insured Tel No. : ___ HP: ___   Make / Model : ___
Excess Sec II :S$ ___ D.O.A: 22/03/18   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**

SHO 9733 T →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Rwnz-Cob	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHO 9733T - NR/INC160116951 Cv3 ; DOA: 23/6/16	Non-Reporting ltr (1st):	
	SLJ 3952M - X	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:	

ASS. REC. BY: REF: AIG1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Trans Cab

of _____

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: 02 days   Res.: Yes or No

Lum Sum: 20 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: SHD 9733 T   Yr Regn: 12, 13

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

Make: Renault Latitude   c.c 1995

Colour: m. White / Pur.   A/C: Insured / Std / NI / NA

Sp.Reading 567046   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 278136

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : (NIl) LS/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16
             R: _____

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

Front			Rear		
R/Bal.	9	mm	R/Bal.	9	mm
L/Bal.	9	mm	L/Bal.	9	mm
D.O.A.	22/3/18		D.O.I.	23/3/18	

Survey held at _____

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

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

Vehicle: IN / OUT

Date / Time	Action / Instruction
26/3	File pass to Catherine
	L/Sum @ 3200

N/S   O/S

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

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

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

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation:
___ S + RS ___ SI
Photos
Others

TOTAL _____