15/5/2010

INS. CASE OWNER:	CC3, AIG 1800 5827, R1ua3	LKK:
		IDAC:

Surveyor: DAguL   DOI: **ASSIGNMENT** 24/03/18   Date / Time: 29/3/18

Registered in Merimen: 29/3/18

Pre-assign / CCU / FTE   S2A 47740Z

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 27/3/18   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**

SCZ 555T →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: RM2	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SCZ555T - X ; S2A 47740Z - X	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:	

(08/11/11)   Surveyor: Rqsm   REF: 587/P1u63   1559u

ASSIGNMENT

From: _____ **Date:** _____	Veh No: **SCZ 555T** Yr Regn: **2017 / NOV**
Estimated Cost: _____	Type: (**M.Car**) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
<u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u>	Truck / Trailer or _____
To Inspect Vehicle No: **SCZ 555T**	Make: **B·M·W 530 I** c.c **1998**
at Workshop m/s **PERFORMANCE**	Colour **GREY** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **01992** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: **WBA7A52030G885066**
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: **245/40R19**
(Policy Condition)	R: ___

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
IDAC Accident Rport: _____ Consistent? : Yes or No	L/Bal.	6	mm	L/Bal.	6	mm
GIA / PR Seen: _____ Consistent? : Yes or No						

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. **27/03/18**   D.O.I. **29/03/18**

Lum Sum: _____ %   3 Val.: Yes or **No**   Survey held at **PERFORMANCE**

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

CA / REV / REP. / 24 HRS

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:			Survey Fee:	
☐ : Site Insp ($ _____)	___S +RS,___SI	Transportation:	
☐ : Interview ($ _____)	Photos	
☐ : Tech. Invs ($ _____)	Others	
☐ : Weekend ($ _____)		

Report Format : _____

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

TOTAL _____