15/5/2010

INS. CASE OWNER: ~

CC4 /AIG1800 5961, kwbh

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 9/4/18   Date / Time: 7h/7/18
Registered in Merimen: 7/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SFS 7n7m   Claim No. :
Name of Insured :   Policy No. :
Insured Tel No. :   HP: Make / Model :
Excess Sec II :S$ D.O.A : 7b/7/18   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**

SLN 5717S →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Esteem.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SLN 5717S -X	SFS 7n7m -X	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$ 1) Claim status: Normal/Reject/Private Settle
Medical: S$ 2) Report Format:
Disbursement: S$ (e.g. Tow/ Independent)   3) Survey fee:
Legal Cost: S$
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:	SLN 5717S Yr Regn: 05, 17

Estimated Cost:

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

To Inspect Vehicle No: SLN 5717S.

at Workshop m/s   Esteem Performance

of BLK5033 AMK #01-259   64841221

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.**

N/S   O/S

Bal. or Market Value:

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

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

Est. Repairs: 06   days   Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prius Hybrid   1798

Colour   N. P. White   A/C: Insured / **Std** / NI / NA

Sp.Reading   75172   T/Radio: Insured / **Std** / NI / NA

Eng/No:

C/No: JTDKB3FU403557605

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / **Jammed** / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: Nexen   195/65R15

   Aspen18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	28/3/18	D.O.I.	2/4/18

Survey held at

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

O/S Rr & U/c

Vehicle: **IN** / **OUT**

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

Date / Time	Action / Instruction
3/4	File pass to Catherine

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

1)   ☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

   ☐ : Interview ($)

   ☐ : Tech. Invs ($)

   ☐ : Weekend ($)

Survey Fee:

Transportation:

) __S +RS.__ SI

) Photos

) Others

TOTAL