INS. CASE OWNER: CC 6, LCR 1800 5966, Uwa3 | LKK: | IDAC:

Surveyor: Supreme | **ASSIGNMENT** DOI: 21/4/18 | Date / Time: 21/4/18

Pre-assign / CCU / FTE | Registered in Merimen: 21/4/18

Insured Vehicle No. : SJM732K | Claim No. :

Name of Insured : | Policy No. :

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

Excess Sec II :S$ | D.O.A : 1/4/18 | Place of Accident :

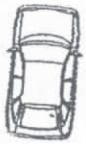
Is driver the owner? (YES / NO) | Nature of Accident :

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

Driver Tel No. : | (V/L: YES / NO) | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

GBD 6641R → | → | Insured Liability : % **Final ? Yes / No**

INSRS:
WSP: Kimsure
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBD 6641R - X ; SJM732K - 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:	☐	☐

RELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

NALIZATION Date/Time: Email ☐ Call ☐

pair Cost: S$ (days) Reduction: %

NAL SETTLEMENT Date/Time: Confirm with

al Liability:	% (Agreed / Assessed) BOLA S/N No. :	
pair Cost:	S$	If NO or B 28, Ass. Lia :
s of Rental (LOR):	S$ (days)	
s of Use (LOU):	S$ ($ x days)	
s of Income (LOI):	S$ ($ x days)	
R only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
/LTA Search	S$	
dical:	S$	
ursement:	S$	1) Claim status: Normal/Reject/Private Settle
al Cost	S$ (e.g. Tow/ Independent)	2) Report Format:
al:	S$ **Global Sum S$:**	3) Survey fee:

AL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

ee 1:	S$	Name 1:	
ee 2: (Strike if N.A.)	S$	Name 2:	
ee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AIG/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBD 664R

at Workshop m/s Kim Chuan

of _____

Insured: SLM 732K

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: 856

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS 0638A

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBD 664R Yr Regn: 2015

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

Truck / Trailer or CM

Make: Toyota Hiace c.c 2982

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

Sp.Reading 179349 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 201 0-146619

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt~~ or okay

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 215/60R16

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	1/4/18	D.O.I.	2/4/18

Survey held at _____

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

Frt & O/S Rear

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

Date / Time	Action / Instruction
	LTA 1685K Dep 8 Mtt 3917K
	Towing 5.11@360

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___S ÷ RS, ___SI	
Photos	
Others	
TOTAL	