INS. CASE OWNER:

CC 3/EQI1800 5982, £p3

LKK:
IDAC:
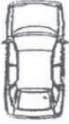
Surveyor: _Kenneth_ DOI: _14/3/18_

ASSIGNMENT

Date / Time : _14/7/18_

Registered in Merimen: _✓_

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 8707L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 27/7/18

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

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

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

GBG 8707L ⟶ SHB 9770L ⟶ SJF 1840 ⟶

INSRS:	INSRS: Trans	INSRS:	INSRS:
WSP:	WSP: Chb.	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time	SHB 9770L-Y	GBG 8707L-Y	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:	

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: EQ ✓

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.

N/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / Pol. Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days   Res.: Yes or No

Lum Sum 20 %   3 Val.: Yes or No

CA / R W / REP. / 24 HRS

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

Date ____ Action / Instruction

2/4 file pass to Catherine
_____
_____
_____
_____
_____

Date/Time, _____ [ ] : Prell. Report
1) _____ [ ] : Final Report
Date/Time, _____

2) _____   Add Fee

Report Format: _____

Lump Sum / WS (_____)

Veh No: S1 HB 9730L   Yr Regn: 07, 13

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

Truck / Trailer or

Make: Renault Latitude   c.c 1985

Colour: M. White / Red   A/C: Insured / Std / NI / NA

Reading 578804   T/Radio: Insured / Std / NI / NA

No: _____

No: VF1ABL15AUC · 273278

Cond: Good / Fair / Poor / Burnt

ering: Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

NIL / S/Rim / STD A/Rim or

Size: F: Giti 215/60R16
       R: Falken

DN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
/ YOKO or

		Rear	
9 mm		R/Bal. 7 mm	
9 mm		L/Bal. 7 mm	
27/3/18		D.O.I. 29/3/18	

Held at _____

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

& Krt

NG / Chassis frame / Body Structure affected due to collision.

_____
_____
_____
_____
_____

Repair: _____

No. of Trip: _____   Survey Fee: _____

                       Transportation: _____

Insp ($ _____)   _ S + RS. _ SI

erview ($ _____) Photos

Invs ($ _____)   Others

end ($ _____)

                       TOTAL