15/5/2010	Cynthia CC Y /AXA 1800 6095, ₱1j63	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: _Kalvin_   DOI: _7/4/18_   Date / Time: _7/4/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SGW 4107X_   Claim No. : _S8M00CL4(37801_

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____   D.O.A : _7/7/18_   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**

SHB 88385 →   →   →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP:	_Premier_	WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time	_SHB 88385 →Y_	_SGW 4107X →Y_	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
	ℋ Smartclaim.		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:		

ASSIGNMENT

From:	Date:
Estimated Cost:	

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

To Inspected Vehicle No: _____

at Workshop m/s _____

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	O/S

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHB 88385**   Yr Regn: 18 Nov, 2013

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

Truck / Trailer or

Make: **KIA optima**   c.c **1685**

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

Sp.Reading **475863**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KNAGM414ME5441831**

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: **205/65 R16**

R:

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

TOYO / YOKO or   **Maxxis**

Front		Rear	
R/Bal. **7**	mm	R/Bal. **7**	mm
L/Bal. **7**	mm	L/Bal. **7**	mm
D.O.A. **31/3/18**		D.O.I. **3/4/18**	
Survey held at		**Premier**	

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

Rear

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

ADA
U/S

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) _____		

		Survey Fee:	
		Transportation:	
Add Fee: ☐ : Site Insp ($____)	_S+RS,_SI	
☐ : Interview ($____)	Photos	
☐ : Tech. Invs ($____)	Others	
☐ : Weekend ($____)		

Report Format : _____

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

TOTAL