15/5/2010

| INS. CASE OWNER: | CC4 /LPC1800 6107 , UW763 | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: Marcus   DOI: 7/4/18   Date / Time: 7/4/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

SJT 4388G
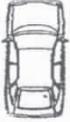
Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 31/7/18   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**

SJW 6627K →

INSRS: pencil
WSP:
Tel :
Liability :
RMKS:

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

Date/ Time			STAGE	DATE / PIC
	SJW6627K —Y SJT4388G—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:	☐

| **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:	

ASSIGNMENT

From: Date: 3/4/18	Veh No: SJN 6627K Yr Regn: 2 / 09
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or (A/
To Inspect Vehicle No: SJN 6627K	Make: Honda Fit c.c 1339
at Workshop m/s Precise Auto	Colour: Silver A/C: Insured / Std / NI / NA
of 1 kaki Blct Ave 6 # 02-33	Sp.Reading 163152 T/Radio: Insured / Std / NI / NA
Insured: SJ 1438BG	Eng/No:
Policy No.	C/No: GE 6 1135763
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
(Policy Condition)	Tyre Size: F: 185/65-R15
	R:

Remark: The veh had commenced its repair at the time of inspection.

	N/S	O/S

Bal. or Market Value: 14/L.

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:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 31/3/18		D.O.I. 3/4/18	
Survey held at		9.15am.	

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.

Date / Time	Action / Instruction	LTA 7471 - Neft 6529

Date/Time. File Pass to?   ☐ : Preli. Report   Days Of Repair:

1)   ☐ : Final Report   Resurvey No. of Trip: Survey Fee:

Date/Time. File Return to?   Transportation

2)   Add Fee: ☐ : Site Insp ($) __S + RS__ SI

         ☐ : Interview ($) Photos

         ☐ : Tech. Invs ($) Others

Report Format :   ☐ : Weekend ($)

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