INS. CASE OWNER:

CC 6/AIG1800 629, 4 e63

LKK:
IDAC:

Surveyor: _mmrmy_

ASSIGNMENT

DOI: 4/6/18

Date / Time: 4/4/18

Registered in Merimen: 4/4/18

Pre-assign / CCU / FTE

GBF 1546E

Insured Vehicle No. : GBF 1546E

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 16/3/18

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

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

YM 146D

INSRS: thn
WSP: lim
Tel :
Liability :
RMKS:
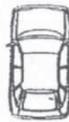
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YM 146D — Malaysia 700 (4333) wp ovn. 19/4/18	Non-Reporting ltr (1st):	
	GBF 1546E — x	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$		
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:	

Survey

ASSIGNMENT

From:	Date: 04/04/18	Veh No: YM196D	Yr Regn: 4 / 05

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 CM /

To Inspect Vehicle No: YM196D

Make: M.f FE639   c.c. 3908

at Workshop m/s Tan Lim Motor

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

of 51 Defu Lane 10

Sp.Reading 642420   T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No. GBF-15466

C/No: FE639 EA47132

Claims No. -

Gen. Cond: (Good) / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: (In order) / Jammed / Leaked / Burnt or

(Client's Record) Before 12pm

Brake: (In order) / Jammed / Leaked / Burnt or

Make of Veh:

Modi: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 7.00-16

(Policy Condition)   R: 185 R14

	N/S	O/S

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

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

TOYO / YOKO or   westlake

Front		Rear	
R/Bal. 5	mm	R/Bal. 5/5	mm
L/Bal. 5	mm	L/Bal. 5/5	mm
D.O.A. 16/3/18		D.O.I. 4/4/18	

Bal. or Market Value: $16500

IDAC Accident Rport: Consistent? : Yes or No

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

Est. Repairs: 4 days   Res.: Yes or No

Lum Sum: 20 %   3 Val.: Yes or No

Survey held at

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

CA / REV / REP. / 24 HRS /wp)   77004
Vehicle: IN / OUT

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

Date: Person Contacted: 41A 11429

Date / Time	Action / Instruction

mirror o/s alrealy replaced. re44 5071

4/4/18 confirmed r/s @ 4900 with william.

Date/Time. File Pass to? [ ] : Preli. Report

1)

[ ] : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($
         [ ] : Interview ($
         [ ] : Tech. Invs ($
         [ ] : Weekend ($

Survey Fee:
Transportation
) __S +RS __SI
) Photos
) Others

Report Format :   -

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

TOTAL