15/5/2010		LKK:
INS. CASE OWNER:	CC 6 UR /AIG1800 6698,Aj63	IDAC:

ASSIGNMENT

Surveyor: Adnan DOI: 6|4|18 Date / Time : 6|4|18

Registered in Merimen: 9|4|18

Pre-assign / CCU / FTE SLG 226TE

Insured Vehicle No. : UR Claim No. :

Name of Insured : UR Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 4|4|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**

SM 6279X

INSRS: 1st Avewrote INSRS: INSRS: INSRS:
WSP: WSP: WSP: WSP:
Tel : Tel : Tel : Tel :
Liability : Liability : Liability : Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
	SM 6279P - NA(m18/03/00/3 DMS- 27/1/18	Non-Reporting ltr (1st):	
	SLG 226TE - 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:		

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: Adrian Ling   REF:

ASSIGNMENT

From:	Date:
Estimated Cost:	

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

To Inspect 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.**

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

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

Veh No: SLU6279X.   Yr Regn: 2017 / Dec

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

Make: Opel. Mokka.   c.c 1598

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

Sp.Reading: 37964.   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOLJD7EC1HB152890.

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: 215/55R18.

R: 215/55R18.

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

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A.		D.O.I. 06/04/18	

Survey held at: First Autowork.

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

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

N/S	O/S

Date / Time	Action / Instruction
	TP Alg.

Date/Time, File **Pass** to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time, File **Return** to?

2)

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

TOTAL