INS. CASE OWNER:	CC ^C /AIG1800 6719, AW63

LKK:
IDAC:

Surveyor: Adrian

DOI: 10/4/18 **ASSIGNMENT**

Date / Time : 10/4/18
Registered in Merimen: 11/4/18

Pre-assign / CCU / FTE
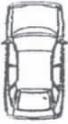
Insured Vehicle No. : SLF 1274T
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 6/4/18
Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. :
Policy No. :
Make / Model :
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SJL 6970L →

people.

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

Date/ Time			STAGE	DATE / PIC
	SJL6970L—✗	SLF1274T—✗	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:		
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:	

		REF:			09/12/08

ASS. REC. BY: Adnan Liny

ASSIGNMENT

From:	Date:	Veh No: SJL6950L. Yr Regn: 2008, Dec

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

To Inspect Vehicle No: _____ Make: Toyota Axis   c.c 1496.

at Workshop m/s _____ Colour Gold   A/C: Insured / Std / NI / NA

of _____ Sp.Reading 198663   T/Radio: Insured / Std / NI / NA

Insured: _____ Eng/No: _____

Policy No. _____ C/No: NZE1416089469.

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 _____

Tyre Size: F: 195/60R15

(Policy Condition)   R: 195/60R15.

			N/S	O/S	BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

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

TOYO / YOKO or

Bal. or Market Value: _____

	Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: _____ days Res.: **Yes** or **No**   D.O.A. _____   D.O.I. 10/04/18.

Lum Sum: _____ % 3 Val.: **Yes** or **No**   Survey held at People.

CA / REV / REP. / 24 HRS

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

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

· Date / Time	Action / Instruction
	TP AIG.
	MV : 14K
	PV : 66K
	Nett : 7.4K.

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

Report Format : _____ ☐ : Tech. Invs ($)   Others

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

TOTAL