15/5/2010

INS. CASE OWNER: CC 4/EQ128 6763, G WB3

LKK:

IDAC:

ASSIGNMENT

Surveyor: YBQ DOB: 12/4/18 Date / Time: 17/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SFH 6702X

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 7/4/18

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

Driver Tel No. :

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

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

SJR 6978B →

INSRS:
WSP:
Tel :
Liability :
RMKS:

Eqh motor

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJR6978B – to SFH6702X – F

STAGE	DATE / PIC
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:		
FINALIZATION	Date/Time:		Confirm by:
Repair Cost:	S$	(days) Re	% Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BO	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 ☐	[illegible]
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$		2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	Global Sum?	
FINAL PAYMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surname: Xhl. REF: EQ1

ASSIGNMENT

From: Date: 13-04-2018

Estimated Cost:

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

To Inspect Vehicle No: SJR 6978B

at Workshop m/s: Kah Motor

of: 15 Ubi Rd 4

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Steven.

12 Hpm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $20K.

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. SJR6978B Yr Regn: 08 Jun 2009

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

Make: Honda City c.c 1497

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

Sp.Reading 193596 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHGM2650 9P020189

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: 185/55 R15

R: 11

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	13-04-18	

Survey held at w/s 12pm

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

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

Date / Time	Action / Instruction
	limit $ 7500

Date/Time. File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation ___S+RS___SI

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Photos

Others

TOTAL

Report Format :

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