

INS. CASE OWNER:

CC4 / III1800 6789, Sua3

LKK:

IDAC:

Surveyor:

ywk

DOI:

ASSIGNMENT

12/4/18

Date / Time:

11-4-18

Registered in Merimen:

12-4-18

Pre-assign / CCU / FTE

SHD 3133P



Insured Vehicle No. :

Claim No. :

fx

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II :SS 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

Sum 88 32c



INSRS: WSP: Auto Insure Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:



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Date/ Time	STAGE	DATE / PIC
Sum 88 32c X ; SHD 3133P - 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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill;	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

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 LOR only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

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:

Simultic

REF: III

ASSIGNMENT

From: _____ Date: **12042018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SLM 8832C**

at Workshop m/s: **Auto Insure**

of: **6 Mursling Lane**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: **SLM 8832C** Yr Regn: **17/4/2017**

Type: M.C. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Kia Forte KS** c.c. **1591**

Colour: **Black** A/C: **Insured / Std / NI / NA**

Sp. Reading: **55854** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KNAFJ 411M145714230**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or _____

Brake: Order / Jammed / Leaked / Burnt or _____

Modi: S/Rim / STD A/Rim or _____

Tyre Size: F: **195/65R15**

R: **"**

(Policy Condition)

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

N/S	O/S

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

TOYO / YOKO or **Nexen**

<u>Front</u>	<u>Rear</u>
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. _____	D.O.I. 12/4/18

Survey held at **Auto Insure**

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GJA / 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

Des. of Damages : Frt / Rear / O/S / N/S / UIC / Rooftop or **O/S Rear**

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
12/4/18	Finalized \$700 @ 3 days.

Date/Time, File Pass to? _____

1) : Preli. Report

: Final Report

Date/Time, File Return to? _____

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

Add Fee: Site Insp (\$ _____)) \$ + PS. SI

Interview (\$ _____)) Photos

Tech. Invs (\$ _____)) Others

Weekend (\$ _____))

TOTAL _____