CC 6 /~~AIG~~1800 6954 /A w63

LKK:

IDAC:

INS. CASE OWNER:

Surveyor: Adrian

DOI: 13/4/18

ASSIGNMENT

Date / Time: 13/4/18

Registered in Merimen: 16/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 1054 U

Name of Insured : UR

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 7/4/18

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**

SLP 4594L

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

Date/ Time	SLP 4594L	SLE 1054U	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:	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:

ASS. REC. BY: Adrian Ling   REF: _____

ASSIGNMENT

		Veh No: SLP 4599L Yr Regn: 2017 / June

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

       Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

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

Make: Opel Mokka   c.c 1598.

Colour Brown.   A/C: Insured / **Std** / NI / NA

Sp.Reading 56593.   T/Radio: **Insured** / Std / NI / NA

Eng/No: _____

C/No: WOLJD7EC6HR180832

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.

	N/S	O/S

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

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06.	mm
D.O.A.		D.O.I. 13/04/18.	

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.

Date / Time	Action / Instruction
	Ti ALG.

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

1) _____

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

2) _____

Report Format : _____

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

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

       ☐ : Interview ($ _____)

       ☐ : Tech. Invs ($ _____)

       ☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
_S +RS.__SI	
Photos	
Others	
TOTAL	