				LKK:
INS. CASE OWNER:		CC4 /III1800 6471, RWb3		IDAC:

ASSIGNMENT

Surveyor: _Kenneth_ DOI: _14/4/18_ Date / Time : _17/4/18_
Registered in Merimen: _16/4/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHC 8754U_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _13/4/18_ 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**

SLP 466m → → →

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

Date/ Time			
	_up 466m — ↵_		
	SHC 8754u — col/...autorisec/release/doc...l / a/at		

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:	

Surveyor

ASSIGNMENT

From: Date: 16042018

Estimated Cost:

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

To Inspect Vehicle No: SLP 466M

at Workshop m/s   Autoworx House

of :   176 Sin Ming Drive #02-01

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: 06   days   Res.: **Yes** or **No**

Lum Sum: 1.13.1 %   3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

     Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SLP 466M   Yr Regn: 05 17

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

Make: Honda Jazz   c.c 1318

Colour: M.P. white   A/C: Insured / Std / NI / NA

Sp.Reading: 23080   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMGK 38501X 200288

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65R15
       R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	13/4/18	D.O.I.	16/4/18

Survey held at

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
17/4	File pass to Catherine

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

1)   ☐ : **Final Report**

Date/Time, File Return to?

2)

Report Format :

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

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

Days Of Repair:

Resurvey No. of Trip: Survey Fee:
     Transportation:
) ___ S + RS ___ SI
) Photos
) Others

TOTAL