15/5/2010

INS. CASE OWNER:

CC 4 /EQI1800 7116 , F p63

LKK:
IDAC:

Surveyor: RSL

ASSIGNMENT

DOI: 14/4/18

Date / Time : 15/4/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 5332J

Name of Insured :

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 14/4/18

Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

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

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

FBM 64607 →

INSRS:
WSP: Supreme Auto.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	PBM 64607 →X	GBF 5332J →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)	☐	☐
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:		☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

Post-Repair Photos: ☐ ☐
Others: ☐ ☐

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:

ASSIGNMENT

From:	Date: 27/04/2018
Estimated Cost:	

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

To Inspect Vehicle No: FBM 6460Z

at Workshop m/s Supreme Auto

of Blk 17b Sin Ming Drv #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.**

N/S	O/S

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:

Veh No: FBM 6460Z Yr Regn: 01, 18

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

Truck / Trailer or

Make: Bajaj Pulsa c.c 200

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

Sp.Reading: 10253 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MD.2A55FZ6GCA12892

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: 100/80R17

R: 130/.70R17

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

TOYO / YOKO or MRF

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	14/4/18	D.O.I. 2/5/18 27/4/18	

Survey held at

REAR PORTION & O/S BODY

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
18	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: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

_S +RS._ SI

Photos

Others

TOTAL