INS. CASE OWNER:	CC 4/AIG1800 ㄱㄱㄲ, ㄾ2mㄴㄲ	LKK:	
		IDAC:	

ASSIGNMENT

Surveyor: _Rasul_ DOI: _19/4/18_ Date / Time : _19/4/18_

Registered in Merimen: _19/4/18_

Pre-assign / CCU / FTE
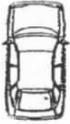
Insured Vehicle No. : _SKK 5140H_   Claim No. : _776346ㄱㄨ45ㄲ_

Name of Insured : Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : _11/6/18_   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**

SGR 2800T →   →   __   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: _Fujimotorsport_	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	_SGR 2800T - ✓_	_SKK5140H - ✗_	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:		☐

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:	Veh No: **SGR 2809T** Yr Regn: **2011 / OCT**
Estimated Cost:	Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: **SGR 2809T**	Make: **B.M.W S23I 2·5 AT** c.c **2497**
at Workshop m/s **FUJI MOTORSPORT**	Colour **BLUE** A/C: Insured / Std / NI / NA
of **48, TOH GUAN RD EAST #01-115**	Sp.Reading **63584** T/Radio: Insured / Std / NI / NA
Alh/imp	Eng/No:
Insured:	
Policy No.	C/No: **WBAFP32020C867559**
Claims No.	Gen. Cond: Good / **Fair** / Poor / Burnt
Sum Insured: Excess:	Steering: **Inorder** / Jammed / Leaked / Burnt or
(Client's Record)	Brake: **Inorder** / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / **S/Rim** / STD A/Rim or
	Tyre Size: F: **245/40ZR19**
(Policy Condition)	R:
Remark: **The veh had commenced its repair at the time of inspection.**	BS / DUN / EXNOVA / GY / FS / LIZA / **MRF** / 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. **11/04/18**		D.O.I. **19/04/18**	
Survey held at **FUJI MOTORSPORT**			

Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	Des. of Damages : Frt / Rear / O/S / **N/S** / U/C / Rooftop or
GIA / PR Seen: Consistent? : Yes or No	The U/C / Chassis frame / Body Structure affected due to collision.
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:

N/S   O/S

Date / Time	Action / Instruction

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

1)   ☐ : **Final Report**

Date/Time, File **Return** to?   **Resurvey No. of Trip:**

2)

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Report Format :

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

☐ : Weekend ($)

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL