

INS. CASE OWNER:

CC 4^{UR} / ~~AIG~~ 1800 July, Kwbb

LUKK:

IDAC:

Surveyor: Fenneth

DOI: 151418 **ASSIGNMENT**

Date / Time : 24/4/18

Registered in Merimen: 12/4/08

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 4901C

Name of Insured : UP

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A : 20

Is driver the owner? (YES / NO) Nature of Accid

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Automobile		
7. Marine		
8. Aviation		
9. Umbrella		
10. Other		

SYN 29845



INRS: King
WSP: King
Tel :
Liability :
RMKS: King



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				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:			

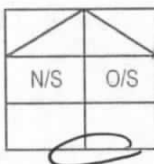
ASSIGNMENT

From: _____ Date: 25042018
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SJN 2988S
 at Workshop m/s: Kang Auto
 of: Blk 160 Sin Ming Drive #02-16
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

after 12pm

(Policy Condition)

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



Bal. or Market Value: 816k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJN 2988S Yr Regn: 02, 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Axi C.C. 1496
 Colour: M. Silver A/C: Insured / Std / NI / NA
 Sp.Reading: 277071 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NZE141 6104698
 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: 195/60R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Acuton
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 9 mm
 L/Bal. 6 mm L/Bal. 9 mm
 D.O.A. 20/4/18 D.O.I. 25/4/18
 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

26/4 Alh pass to Catherine

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

S + RS, SI

Photos

Others

Report Format :

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

TOTAL