15/5/2010

| INS. CASE OWNER: | CC3 / CTi 1800 8252 , Swa3 | LKK:
IDAC: |

Surveyor: _YWf_ DOI: **ASSIGNMENT** 3/5/18   Date / Time : 3/5/18

Registered in Merimen: _7/5/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 5828B   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 7/6/2018   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

SHB 304 T →   →   →   →

| INSRS:
WSP:
Tel : Smpt. w2
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: |

Date/ Time	SHB304T, NATIVE 13 007779/21 : DOA: 26/04/2013 GBD5828B. X	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:	

Surveyor

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:
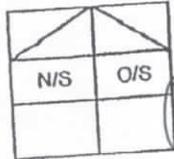
Policy No.

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:

Date / Time   Action / Instruction

Veh No. **SHB304T**   Yr Regn: **6/8/2014**

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

Truck / Trailer or   c.c **1798**

Make: **Toyota Prius**   A/C: Insured / Std / NI / NA

Colour **Maroon**   T/Radio: Insured / Std / NI / NA

Sp.Reading **461587**

Eng/No:

C/No: **JTDKN 3CU 705747331**

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: **195/65R15**

        R: **"**

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

TOYO / YOKO or   **Falken**

Front		Rear	
R/Bal.	**6** mm	R/Bal.	**6** mm
L/Bal.	**6** mm	L/Bal.	**6** mm
D.O.A. **2/5/18**		D.O.I. **3/5/18**	

Survey held at **SMRT**

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collisio

TAX/ 05/18/2006
Lkk
China Taiping

G 305828 B

Date/Time. File Pass to?   ☐ : Prell. Report

                ☐ : Final Report

1)

Date/Time. File Return to?

2)

Report Format :
Lump Sum / I.B.I: (S

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation.

) _ S + RS _ SI
) Photos
) Others

TOTAL