INS. CASE OWNER:	CC ⁶ /CTI1800 8273, T2w63 LKK: IDAC:

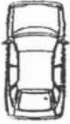Surveyor: __Tantikh.__   DOI: __3/5/18__   **ASSIGNMENT**

Date / Time : __2/5/18__

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 7873Y.

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 1/5/18

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**

SLN 8360S

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

Date/ Time	SLN8360S-X GBA7873Y-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: Taufik   REF: EQ1

ASSIGNMENT

From:		Date: 03/05/2018	Veh No: SLN 8360S Yr Regn: 2017 May

Estimated Cost:

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

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

To Inspect Vehicle No: SLN 8360S

Make: Toyota Axio.   c.c 1496

at Workshop m/s Prime Auto

Colour S/ve   A/C: Insured / Std / NI / NA

of 6 Benoi Place

Sp.Reading 84557   T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy.No.

C/No: NKE165 - 7140710

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 : NN / A/Rim / STD A/Rim or

Tyre Size: F: 175/65 R15.
   R:

(Policy Condition)

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

N/S	O/S

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

Bal. or Market Value:

Front		Rear	
R/Bal.	6 mm	R/Bal.	C mm
L/Bal.	6 mm	L/Bal.	mm

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**

D.O.A.   D.O.I. 2/5/18 @ 1700

Survey held at   Prime Auto

CA / REV / REP. / 24 HRS   Vehicle: **IN / OUT**

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

Date: Person Contacted:

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

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

1)

Date/Time, File Return to?   ☐ : Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

			Survey Fee:	
Add Fee: ☐	: Site Insp ($	)	Transportation:	
☐	: Interview ($	)	S + RS. SI	
☐	: Tech. Invs ($	)	Photos	
Report Format :	☐ : Weekend ($	)	Others	

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

TOTAL