INS. CASE OWNER: | CC 6 /AIG1800 8425 , AW63 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Adinn   DOI: 7/5/18   Date / Time : 7/5/18
Registered in Merimen: 7/5/18

Pre-assign / CCU / FTE   SLB 5145E

Insured Vehicle No. : SLB 5145E   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 7/5/18   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**

SLV 4638T → → →

INSRS: | INSRS: | INSRS: | INSRS:
WSP: Mb | WSP: | WSP: | WSP:
Tel : somton | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time	SLV4638T - X	SLB5145E - 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:

ASS. REC. BY: Adrian Liny   REF:

ASSIGNMENT

From: _____ Date: _____	Veh No: **SLV 9638T** Yr Regn: **2018 / Jan.**
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: _____	Make: **Toyota Prius. Alpha** c.c **1797**
at Workshop m/s _____	Colour **Silver.** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **23526** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: **ZVW400026957 .**
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: **205/60 R16 -**
(Policy Condition)	R: **205/60 R16 .**
Remark: **The veh had commenced its repair at the time of inspection.**	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO / **YOKO** or _____

N/S O/S

Front		Rear	
R/Bal. **06** mm		R/Bal. **06** mm	
L/Bal. **06** mm		L/Bal. **06** mm	
D.O.A.		D.O.I. **02/05/18**	

Bal. or Market Value: _____	Survey held at **MG Solution.**
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	**Rees N/S .**
Est. Repairs: ___ days Res.: Yes or No	The U/C / Chassis frame / Body Structure affected due to collision.
Lum Sum: ___ % 3 Val.: Yes or No	

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

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	TP A16

Date/Time, File **Pass** to?	☐ : Preli. Report	**Days Of Repair:** _____
1) _____	☐ : Final Report	**Resurvey No. of Trip:** _____
Date/Time, File **Return** to?		
2) _____		

Add Fee:	☐ : Site Insp ($ ___)	Survey Fee:	
	☐ : Interview ($ ___)	Transportation:	
	☐ : Tech. Invs ($ ___)	___S + RS,___SI	
	☐ : Weekend ($ ___)	Photos	
		Others	

Report Format : _____
Lump Sum / I.B.I: ($ _____)

TOTAL