15/8/2018

INS. CASE OWNER: CC 6 UR ~~AIG~~ 1800 8501, U W63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 9/8/18 Date / Time: 9/5/18

Registered in Merimen: 9/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 5261Y

Name of Insured : UR

Insured Tel No. : HP:

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

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature 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**

SEF 8760 → → →

INSRS:
WSP: Yew
Tel :
Liability : TPL
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SEF 8760 → SLC5261Y →

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:	

(08/11/13) wef
ASS. REC. BY: Marcus

REF: A1h/

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: SKF 876C

at Workshop m/s: Yew Tee

of: ______

Insured: SLC 2614

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $ 44k. -46

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 58712

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SKF 876 C Yr Regn: 8/11/10

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

Make: Audi A4 TFSI c.c 1984

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 86448 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WAUZZZ8K7AA093759

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:

R: 245/40ZR18

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

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

D.O.A. 2/5/18 D.O.I 9/5/18

Survey held at ______

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

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

Date / Time	Action / Instruction
	LTA 32012 2yrs Sub. Dep 17
	TOTAL LOSS Repair cost more than $35k.
9/5/18	Repairer agree MV $45 TOTAL LOSS

Date/Time, File Pass to? [ ]: Prell. Report

1) ______ [ ]: Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ]: Site Insp ($ ______)
[ ]: Interview ($ ______)
[ ]: Tech. Invs ($ ______)
[ ]: Weekend ($ ______)

Survey Fee	
Transportation:	
__S > RS __SI	
Photos	
Others	
TOTAL	

Report Format: ______

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