15/5/2010

ASSIGNMENT

INS. CASE OWNER: _____ CC 3 / CTI 1800 89??? / (???) ID AC: _____

Surveyor: CSL DOI: 11 5 18 Date / Time: 11 5 18

Registered in Merimen: _____

Pre-assign / CCU / FTE GBE8001U

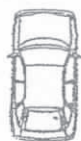|		
Insured Vehicle No. : _____	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A 7/5/2018	Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____	
If **NO**, Driver Name / Age : _____	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SHC 5660B

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-lab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC5660B - ??? 70 NSB ? ?63 ; PDA: 24/7/?	Non-Reporting ltr (1st):	
	??? /AK17013895 ??? 397 ; DOA: 14/7/?	Non-Reporting ltr (2nd):	
	NATN4877649?H4 ; DOA: 4/4/18	Non-Reporting ltr (Final):	
	GBE8001U - x	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
27/01/2022	Pls refer to VIEWS for details.	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
	* CTI had settled the matter with TP lawyer	Authorisation To Act:	☐ ☐
	*Submit WP to CTI	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: L/sum S$ 5,250.00 (3 days) Reduction: 78 % 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/WP	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S$	3) Survey fee: $350.00	
Total:	S$ 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: REF: CT2/1

Kenneth

ASSIGNMENT

From: _____ Date: _____	Veh No: **S4C 5660B** Yr Regn: **12, 14**
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: _____

at Workshop m/s   *Trans Cab*

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: **03** days   Res.: Yes or No

Lum Sum: **20** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____   Person Contacted: _____   Vehicle: IN / OUT

Make: *Rencult Latitude*   c.c **1985**

Colour   *M. White/Rw*   A/C: Insured / Std / NI / NA

Sp.Reading   **419222**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VF1ABL15AUC 281153**

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or _____

Brake: (Inorder) / Jammed / Leaked / Burnt or _____

Modl :   (Nil) / S/Rim / STD A/Rim or _____

Tyre Size: F: **215/60R16**

         R: _____

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

Front		Rear	
R/Bal.	**8** mm	R/Bal.	**8** mm
L/Bal.	**8** mm	L/Bal.	**8** mm
D.O.A.	**7/5/18**	D.O.I.	**11/5/18**

Survey held at _____

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

Frt O/S

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

Date / Time	Action / Instruction
14/5	File pass to Catherine

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

1) _____

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

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

        ☐ : Interview ($ _____)

        ☐ : Tech Invs ($ _____)

        ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation:
__ S + RS.__ SI

Photos

Others

Report Format :

Lump Sum / I.B.I: ($

TOTAL