15/5/2010	CC 6 / AIG1800 9453 , Apa3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: LMP   DOI: 7/11/17   Date / Time: 27/11/17

Registered in Merimen: _____

Pre-assign / CCU / FTE
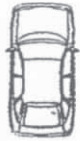
Insured Vehicle No. : SGF 7419R		Claim No. :
Name of Insured :		Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 25/11/17	Place of Accident :

Is driver the owner? (YES / NO)   Nature of Accident :

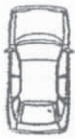If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

GBD 5731 C

INSRS: WSP: Ana Meng. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	GBD 5731 C - X ; SGF 7419R - X	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:	

ASS. REC. BY: Adrian Ling

ASSIGNMENT

From: _____ Date: _____	Veh No: **GBD5131C.** Yr Regn: **2014, Nov.**
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: **Nissan NV200** c.c **1597**
at Workshop m/s _____	Colour **Silver** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **36692** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: **VM20058633**
Claims No. _____	Gen. Cond: **Good** / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: **In order** / Jammed / Leaked / Burnt or _____
(Client's Record)	Brake: **In order** / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi : **NP** / S/Rim / STD A/Rim or _____
	Tyre Size: F: **185/70 R14.**
(Policy Condition)	R: **185/70 R14.**

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 _____

	Front		Rear	
Bal. or Market Value: _____				
IDAC Accident Rport: _____ Consistent? : **Yes** or **No**	R/Bal. **06** mm		R/Bal. **06** mm	
GIA / PR Seen: _____ Consistent? : **Yes** or **No**	L/Bal. **06** mm		L/Bal. **06** mm	
Est. Repairs: _____ days Res.: **Yes** or **No**	D.O.A. _____		D.O.I. **27/11/14**	
Lum Sum: _____ % 3 Val.: **Yes** or **No**	Survey held at **Hua Mery.**			

CA / REV / REP. / 24 HRS

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP ALG.

Date/Time, File **Pass** to? ☐ : **Preli. Report**	**Days Of Repair:** _____	
1) ☐ : **Final Report**	**Resurvey No. of Trip:** _____	Survey Fee: _____
Date/Time, File **Return** to?		Transportation: _____
2)	**Add Fee:** ☐ : Site Insp ($ _____)	__S + RS.__SI
	☐ : Interview ($ _____)	Photos
Report Format : _____	☐ : Tech. Invs ($ _____)	Others
Lump Sum / I.B.I: ($ _____)	☐ : Weekend ($ _____)	TOTAL