INS. CASE OWNER: Ernest | CC4 /AXA1800 9850, Kp63 | LKK: | IDAC:

Surveyor: Kenneth

ASSIGNMENT

DOI: 20/4/18   **Date / Time :** 3/4/18

Registered in Merimen:

Pre-assign / CCU / FTE SFK4575T

Insured Vehicle No. :   **Claim No.** : 88m00HXX/48471

Name of Insured :   **Policy No.** :

Insured Tel No. :   HP: **Make / Model** :

Excess Sec II :S$ D.O.A : 14/5/18   **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**

SJM 9780k →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: SJM		WSP:		WSP:		WSP:
	Tel : ming		Tel :		Tel :		Tel :
	Liability : Mntreare		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time		SJM 9780k-P SFK4575T-P		STAGE	DATE / PIC
				Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
		₽ smartclaim.		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: REF: A&A/

Kenneth

ASSIGNMENT

From:	Date:	Veh No: SJm 978ok Yr Regn: 01, 09

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: Mit Colt plus c.c 14.89

at Workshop m/s Sin Mig BiG

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

of _____

Sp.Reading 205513   T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JMYLTZ23W8F000870

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: _____

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

Tyre Size: F: Payten 185/55R15

(Policy Condition)

R: _____

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 Falken

	N/S	O/S

Front		Rear	
R/Bal. 3 mm		R/Bal. 2 mm	
L/Bal. 3 mm		L/Bal. 2 mm	
D.O.A. 19/5/18		D.O.I. 30/5/18	

Bal. or Market Value: $15k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Survey held at _____

Est. Repairs: 06 days   Res.: Yes or No

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
31/5	File pass to Catherine

Date/Time, File Pass to?   ☐ : Prell. Report   Days Of Repair: _____

1) _____   ☐ : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

Add Fee: ☐ : Site Insp ($ _____)

2) _____

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

Report Format : _____

☐ : Weekend ($ _____)

Lum Sum / I.B.I: ($ _____)

Survey Fee: _____
Transportation: _____
S + RS. _____ SI
Photos
Others

TOTAL