15/3/2010

INS. CASE OWNER: CC b UR ~~AIG~~1801 0563 , A2 j63 | LKK: | IDAC:

Surveyor: RASWI | DOI: 8/6/18 **ASSIGNMENT** | Date / Time: 8/6/18

Registered in Merimen: 11/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 7687J | Claim No. :

Name of Insured : UR | Policy No. :

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

Excess Sec II :S$: D.O.A : 6/6/18 | 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**

SLD 7687J → SJR6575E → SUR 7549J →

INSRS:
WSP:
Tel :
Liability :
RMKS: 01

INSRS: Soon
WSP: Sun
Tel :
Liability : TP
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJR6575E-X SLD7687J-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:	

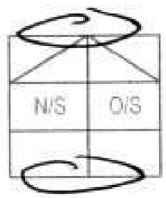
Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
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 + LO		[**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:	

Surveyor: Rafeal | REF: AG7 | 33547

ASSIGNMENT

From: Date: 05062018	Veh No: SJR6575E Yr Regn: 2009 July
Estimated Cost:	Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: SJR 6575E	Make: Hyundai AVANTE 1.6A c.c 1591
at Workshop m/s: Soon Sun Motor	Colour: WHITE A/C: Insured / Std / NI / NA
of: 3006 Ubi Rd 1 #01-390	Sp.Reading: 155395 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No:	C/No: KMHDU41BR9U771763
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
after 12pm	Tyre Size: F: 215/45ZR17
(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
Bal. or Market Value: 13K	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm / R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm / L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 06/06/18 D.O.I. 08/06/18
Lum Sum: % 3 Val.: Yes or No	Survey held at: SOON SAN
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
08/06/18	Msg to Soon San w/shop vincent inform on repair limit 5K waiting for reply

Date/Time: File Pass to? [ ] : Preli. Report
1) [ ] : Final Report
Date/Time: File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: [ ] Site Insp. : S$
[ ] Interview : S$
[ ] Tech. Invs : S$
[ ] Weekend : S$

Survey Fee:
Transportation:
) ___ S+RS ___ S$
) Photos
) Others
TOTAL

Report Format :
Lump Sum / I.B.I: S$