15/5/2010

INS. CASE OWNER: _____   CC ³/III1801 0702, Fjh3

	LKK:
	IDAC:

Surveyor: _Fenneth_   DOI: 11/6/18   **ASSIGNMENT**   Date / Time: 11/6/18

Registered in Merimen: 17/6/18

Pre-assign / CCU / FTE

SHA 7961D

Insured Vehicle No. : SHA 7961D	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : 7/6/18	Place of Accident : _____
Is driver the owner? (YES / NO)	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**

SHD987TC →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans	WSP:	WSP:	WSP:
Tel : Cab.	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SHD987TC -UM/6/918006976/Fjh3 DOI·17/6/18	STAGE	DATE / PIC
	SHA 7961D - F	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 ☐ Cal ☐
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 ☐ Cal ☐
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: TII /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.

N/S　O/S

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: _____

Veh No: SHD 9871C　Yr Regn: 03, 14

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

Make: Renault Loritude c.c 1991

Colour: w-white/Red　A/C: Insured / Std / NI / NA

Sp.Reading 377368　T/Radio: Insured / Std / NI / NA

Eng/No: 255204

C/No: VF1ABL15AUC 277510

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: Giti　215/60R16

R: Felken _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	6 mm
D.O.A. 7/6/18		D.O.I. 11/6/18	

Survey held at _____

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

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

Date / Time	Action / Instruction
12/6	File pass to Catherine

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 ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____

_S + RS._ SI

Photos

Others

TOTAL