15/5/2010

INS. CASE OWNER: CC6 /AIG1801 07726 / U/b3

LKK:
IDAC:

ASSIGNMENT

Surveyor: marcus   DOI: 17/6/18   Date / Time : 17/6/18
Registered in Merimen: 17/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLW 2014J	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 11/6/18	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**

SGC 6435P → → →

INSRS: WSP: Tel : Tan Liability : Lim. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SGC 6434P – X SLW 2014J – Y	

STAGE	**DATE / PIC**
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$	(S x days)	
Loss of Income (LOI):	S$	(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:	

Surveyor: marcus | REF: AG

ASSIGNMENT

From:	Date: 12062018
Estimated Cost:	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	SGC 6935P
at Workshop m/s	Tan Lim
of	51 Defu Lane 10
Insured:	
Policy No:	SLW2014J
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:	18k.	
IDAC Accident Rport		Consistent? : Yes or No
C/A / PR Seen		Consistent? : Yes or No
Est. Repairs:	5 days	Res.: Yes or No
Lum Sum:	20 %	3 Val.: Yes or No
CA / REV / REP. / 24 HRS	8740C	Vehicle: IN / OUT
Date:	Person Contacted:	

Veh No:	SGC 6935P — Yr Regn: 1 06
Type:	M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)
Make:	Toyota corolla AH15 — c.c 1598
Colour:	Gold — A/C: Insured / Std / NI / NA
Sp.Reading:	36452 — T/Radio: Insured / Std / NI / NA
Eng/No:	
C/No:	MR053ZEC107109797
Gen. Cond:	Good / Fair / Poor / Burnt
Steering:	Inorder / Jammed / Leaked / Burnt or
Brake:	Inorder / Jammed / Leaked / Burnt or
Modi:	Nil / S/Rim / STD A/Rim or
Tyre Size: F:	185/75R14
R:	

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	11/6/18	D.O.I.	12/6/18

Survey held at —

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

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

Date / Time	Action / Instruction
	LTA 14797 cancel 23-01-2021 bal 2yrs. 7mths.
11/6/18	confirmed d/s $3200 with karmen.

Date/Time File Pass to?	☐ : Preli. Report	Days Of Repair:
1)	☐ : Final Report	Resurvey No. of Trip:
Date/Time File Return to?		
2)		

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)