15/5/2010

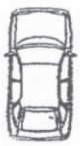
INS. CASE OWNER: | CC 4 / III 180 10789 / Aha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: LWP DOI: 13-6-18 Date / Time : 13/6/18

Registered in Merimen: 20/6/18

Pre-assign / CCU / FTE SHA1771B



Insured Vehicle No. : | Claim No. :

Name of Insured : | Policy No. :

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

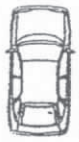
Excess Sec II :S$ D.O.A : 11-6-18 | Place of Accident :

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

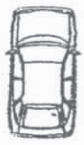
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

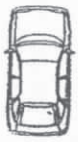
SKJ 8612Z → → →



INSRS:
WSP: Limited
Tel :
Liability : 5y.
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKJ 8612Z } MA/INC/18010753/24 : DOB 11/6/18
	SHA 1771B

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$	($ 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:	

22/03/2002

ASS. REC. BY: | REF: CS3/III8010789/A2d3 | Special Instruction:

Surveyor: Adrian **ASSIGNMENT (Office)**

From (Person): Gabriel Wee of III Date/Time: 13/6/18 @ 9.24am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKJ 8612Z Insured: SHA 1771B

at Workshop m/s United SG Automobile Tel: 6747 4454

of 53 Ubi Ave 1 #01-56

Policy No: Claim No: USG-201806-14

Sum Insured: Excess:

Make of Veh: D.O.A. 11/06/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS / up H.O.D. Endorsement:

Date/Time: 9.46am @ 13/6/18 Person Contacted: Vicky Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SKJ 8612Z - NA/INC18010753/24 DOA: 11/06/18
	SHA 1771B - NA/INC18010753/24 DOA: 11/06/18
20/6/18	According to vicky she said got estimate provided.

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 13/06/18

Survey held at United SG.

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

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

Date / Time	Action / Instruction
	TP III

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL