15/5/2010

INS. CASE OWNER: CC4/III1801 1769, VJ663 | LKK: | IDAC:

**ASSIGNMENT**

Surveyor: Sathya DOI: 21/6/18 Date / Time : 21/6/18

Registered in Merimen: 21/6/18

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHD 3225H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 21/6/18 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**

SLJ 63250 → → →

INSRS:
WSP:
Tel :
Liability :
RMKS: World Direct

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SLJ63250 - Y SHD3225H - X |

| 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 + 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: | | |

Garage: REF: III

## ASSIGNMENT

From: Date: 21062018

Estimated Cost:

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

To Inspect Vehicle No: SLJ 5325D

at Workshop m/s: World Auto

of: 1 Kranji Loop

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLJ 5325D Yr Regn: Dec 2016

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

Make: Honda ~~Wagon~~ Shuttle c.c 1496

Colour: Silver A/C: Insured / Std / NI / NA

Sp.Reading: 119317 T/Radio: Insured / Std / NI / NA

Eng/No: LEB4266434

C/No: GP71046161

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NI / S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15

R: 185/60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli (Front), Dayton (Rear)

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |

D.O.A. 20/6/2018 D.O.I. 21/6/2018

Survey held at World Auto

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |

Date/Time: File Pass to? 1) ☐ : Preli. Report ☐ : 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 + RC SI )

Photos:

Others:

TOTAL: