INS·CASE OWNER:

CC **6** /CTI1801 1294, 4463 LKK:
IDAC:

ASSIGNMENT

Surveyor: _Marws_ DOI: _n|6|18_ Date / Time : _n|6|18_

Registered in Merimen: _—_

Pre-assign / CCU / FTE _SKU 17327_

Insured Vehicle No. : _____ Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _16|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**

SKR 91054 →

INSRS: INSRS: INSRS: INSRS:
WSP: _Fastech._ WSP: WSP: WSP:
Tel : Tel : Tel : Tel :
Liability : Liability : Liability : Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time			STAGE	DATE / PIC
	SKR91054-4	SKU 19227X	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:	

ASSIGNMENT

From:	Date:	Veh No: SKR9105/ Yr Regn: 407
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or CA/
To Inspect Vehicle No: SKR9105/		Make: Honda stream c.c 1799
at Workshop m/s fd.		Colour white A/C: Insured / Std / NI / NA
of		Sp.Reading 163269 T/Radio: Insured / Std / NI / NA
SKY17327		Eng/No:
Insured:		C/No: RN61028486
Policy No.		Gen. Cond: Good / Fair / Poor / Burnt
Claims No.		Steering: In order / Jammed / Leaked / Burnt or
Sum Insured: Excess:		Brake: In order / Jammed / Leaked / Burnt or
(Client's Record)		Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:		Tyre Size: F:

Policy Condition / N/S / O/S

Remark: The veh had commenced its repair at the time of inspection.		R: 205 / 55 ZR16
	28	BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI / TOYO / YOKO or

	Front		Rear	
Bal. or Market Value:				
IDAC Accident Rport:	R/Bal. 6 mm		R/Bal. 6 mm	
Consistent? : Yes or No				
GA / PR Seen:	L/Bal. 6 mm		L/Bal. 6 mm	
Consistent? : Yes or No				
Est. Repairs: days Res.: Yes or No	D.O.A. 16/6/18		D.O.I. 21/6/18	
Lum Sum: % 3 Val.: Yes or No	Survey held at			

CA / REV / REP. / 24 HRS	23/4/2022	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
	Vehicle: IN / OUT	Rear
Date: Person Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	have GCA 3 yrs work. LYA1996S Net $035

Date/Time, File Pass to? [ ] : Preli. Report   Days Of Repair:
1)   [ ] : Final Report   Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?   Transportation:
2)   Add Fee: [ ] : Site Insp ($) S÷RS,__SI
Report Format :   [ ] : Interview ($) Photos
Lump Sum / I.B.I: ($)   [ ] : Tech. Invs ($) Others
                                                       [ ] : Weekend ($)   TOTAL