INS. CASE OWNER: *Stacey* | CC 4 ХВм /АХА1801 1299,Жh63 | LKK:
IDAC:

Surveyor: *Kenneth.* DOI: *n/6/18*

ASSIGNMENT

Date / Time: *1/6/18*
Registered in Merimen: _____

Pre-assign / CCU / FTE *YP 6461H*

Insured Vehicle No. : _____
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :S$ D.O.A: *n/6/18*
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : *C8M00UB/62930*
Policy No. : _____
Make / Model : _____
Place 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

SLC 513D

INSRS: *chers*	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel: *Moc*	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SLC913D - X *YP6461M - X*		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
	# smart claim		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	- OIWR -		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 + 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:	

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Cheng Hoe

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.

Bal. or Market Value: $65/c

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days   Res.: Yes or No

Lum Sum: 1-31 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

| N/S | O/S |

Veh No: SLC 513D   Yr Regn: 04, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or   A1

Make: Merc 2   c.c 1497

Colour: M. Blue   A/C: Insured / Std / NI / NA

Sp.Reading 41493   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MM 6DL 2 SAAGW 196407

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: 185/65R15   R: _____

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

	Front			Rear	
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	20/6/18		D.O.I.	21/6/18	

Survey held at _____

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

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

Date / Time	Action / Instruction
16	File pass to Arthur

Date/Time, File Pass to?
1) _____

Date/Time, File Return to?
2) _____

☐ : Prell. Report
☐ : Final Report

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
Fix/os
Others

TOTAL