INS. CASE OWNER:

CC³ /CTI1801 1598, SW63

LKK:

IDAC:

Surveyor: YWK   DOI: 18/6/18   Date / Time: 18/5/18

ASSIGNMENT

Registered in Merimen:

Pre-assign / CCU / FTE
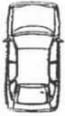
Insured Vehicle No. : SLG 111J   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 8/6/17   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**

SMB 1585H →

INSRS: INSRS: INSRS: INSRS:
WSP: SMRT   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time			STAGE	DATE / PIC
	SMB 1585H - 80 SLG 111J - 4		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:		

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos:

Others:

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: **SMB 1585H** | Yr Regn: **Dec / 2014** |

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

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:

Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Man**   c.c **10518**

Colour **MultiColour.**   A/C: Insured / Std / NI / NA

Sp.Reading **172389.6**   T/Radio: Insured / Std / NI / NA

Eng/No: **50339400233937**

C/No: **WMAA22ZZOF7002555**

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi : (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: **275/70 R 22.5**
             R: **275/70 R 22.5**

| N/S | O/S |

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or   **Firenza**

Front   Rear

R/Bal. **6** mm   R/Bal. **6** mm

L/Bal. **6** mm   L/Bal. **6** mm

D.O.A. **8/6/2017**   D.O.I. **18052018**

Survey held at   **SMRT**

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?   ☐ : **Preli. Report**   Days Of Repair:

1)   ☐ : **Final Report**   Resurvey No. of Trip: Survey Fee:

Date/Time, File **Return** to?   Transportation:

2)   ___ S + RS.___ SI

Add Fee: ☐ : Site Insp ($)

Report Format :   ☐ : Interview ($)   Photos

Lump Sum / I.B.I: ($)   ☐ : Tech. Invs ($)   Others

☐ : Weekend ($)

TOTAL