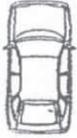|		LKK:
INS. CASE OWNER:	CC 3, AIG 180 11974 , Vwa3	IDAC:

ASSIGNMENT

Surveyor: _Sathya_   DOI: _29-6-18_   Date / Time : _29-6-18_

Registered in Merimen: _2/7/2018_

Pre-assign / CCU / FTE

GBH 2120 H

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____   D.O.A : 26/6/2018   Place of Accident : _____

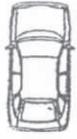Is driver the owner? (YES / NO)   Nature of Accident : _____

If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
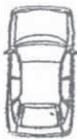
Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SHB 1052 M → _____ → _____   → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Smet. wr	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHB1052M. C14/4PC 1800 6153/Swa3 ; DOA 31/3/18		Non-Reporting ltr (1st):	
	GBH 2120 H. X		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:

ASSIGNMENT

From:	Date:

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: _____

Veh No: **SHB 1052 M**   Yr Regn: **NOV / 2013**

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

     Truck / Trailer or

Make: **Toyota Prius**   c.c **1798**

Colour **Maroon**   A/C: Insured / Std / NI / NA

Sp.Reading **452312**   T/Radio: Insured / Std / NI / NA

Eng/No: **2ZR5907824**

C/No: **JTDKN36U505706535**

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: **195/65 R15**

       R: **195/65 R15**

	N/S	O/S

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

TOYO / YOKO or   **Falken**

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. **26/6/2018**		D.O.I. **29/6/2018**	
Survey held at	**SMRT**		

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

TAX/06/18/2125

AIG

- GBH 2120 H

Date/Time, File Pass to?	☐ : **Preli. Report**	Days Of Repair:
1)	☐ : **Final Report**	Resurvey No. of Trip:
Date/Time, File Return to?		Survey Fee:
2)		Transportation:

Add Fee: ☐ : Site Insp ($)   S + RS.   SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

Report Format :