15/5/2010

INS. CASE OWNER: | CC **6** /AIG1801 **v614 , Aeb2** | LKK:
                                                                          | IDAC:

Surveyor: **Athran**   DOI: **9|7|18**   **ASSIGNMENT**   Date / Time : **92+|18**

Registered in Merimen: **11|7|18**

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **YP 438R.**   Claim No.   :

Name of Insured   :   Policy No.   :

Insured Tel No.   :   HP: Make / Model   :

Excess Sec II :S$ D.O.A : **6|7|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**

SJM 832TT →   →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **Jemart.**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date / Time			STAGE	DATE / PIC
	SJM 832TT - Y	**YP438R - Y**	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: SJM8327 T. Yr Regn: 2009, Jun
Estimated Cost:		Type: ~~M.Car~~/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Left column	Right column
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s	Make: Honda City. c.c 1497.
of	Colour Grey. A/C: Insured / Std / NI / NA
Insured:	Sp.Reading 84469. T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: MRHGM2650SP0L0041
	Gen. Cond: (Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 175/65R15
(Policy Condition)	R: 175/65R15.

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

	Front		Rear	
Bal. or Market Value:				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm		R/Bal. 06 mm	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm		L/Bal. 06 mm	
Est. Repairs: days Res.: Yes or No	D.O.A.		D.O.I. 09/07/18	
Lum Sum: % 3 Val.: Yes or No	Survey held at J-Mad.			

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time	Action / Instruction
	TP AIG.
	MV : 14K.
	PV : 9.8K
	Nett : 4.2K

Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair:
1)	☐ : Final Report	Resurvey No. of Trip:
Date/Time, File Return to?		
2)		Add Fee: ☐ : Site Insp ($)
		☐ : Interview ($)
Report Format :		☐ : Tech. Invs ($)
Lump Sum / I.B.I: ($)		☐ : Weekend ($)

Survey Fee:
Transportation:
S + RS.   SI
Photos
Others

TOTAL