15/5/2010

INS. CASE OWNER:

CC ^{6}/AIG1801 ?b?? , Awb?

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian   DOI: 10/7/18   Date / Time : 10/A/18

Registered in Merimen: 11/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 17835.   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 8/7/18   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**

SJZ 8887A →   →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: MG somtor	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SJZ8887A -X	SLK17835-Y	STAGE	DATE / PIC
			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:		

ASS. REC. BY: Abrian Liny   REF:

ASSIGNMENT

| From: | Date: | Veh No: SJZ8887A - Yr Regn: 2015, Nov. |

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: Volvo V40   c.c 1498

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

Sp.Reading: 52369   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YVIMV28H0G2305574

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi : Nil / **S/Rim** / STD A/Rim, or

Tyre Size: F: 205/55R16

R: 205/55R16.

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

	Front		Rear	
R/Bal.	06 mm		R/Bal.	06 mm
L/Bal.	06 mm		L/Bal.	06 mm
D.O.A.			D.O.I.	10/07/18

Survey held at   MG Solution.

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

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

N/S   O/S

Date / Time	Action / Instruction
	TP ALG.

Date/Time, File **Pass** to?   ☐ : **Preli. Report**

1)   ☐ : **Final Report**

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

2)

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

Photos

Others

TOTAL