

INS. CASE OWNER:

CC 3, ALA 180 12/23, Vwa3

LKK:

IDAC:

Surveyor:

Suflyga

DOI:

ASSIGNMENT

11/7/18

Date / Time :

11/7/18

Registered in Merimen:

12/7/18

Pre-assign / CCU / FTE

SVJ 7455R



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 10/7/2018

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature 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

SAC 4684P



INSRS:

WSP: Smp7.00

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SAC 4684P - N/A 12/23/2018 / phy ; vss. 28/1/12 SVJ 7455R - X	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 ☐ 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\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
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:	

Surveyor

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S'HC 4684 P Yr Regn: Sept / 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius C.C. 1798
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp.Reading: 317278 T/Radio: Insured / Std / NI / NA
 Eng/No: 2ZR6129034
 C/No: JTDKN36U405748758
 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

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>10/7/2018</u>	D.O.I. <u>11/7/2018</u>

Survey held at SMRT

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

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

Date / Time Action / Instruction

TAX/07/18/2040

AIG

- SJV 7455 R

Date/Time, File Pass to?

☒ : Preli. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Days Of Repair:

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____