15/5/2010

INS. CASE OWNER: CC 6, AIG 180 12730, R1 ua3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Rasul

DOI: 11/7/18

Date / Time : 11/7/18

Registered in Merimen: 12/7/18

Pre-assign / CCU / FTE SLX1720E

Insured Vehicle No. :		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 29/6/18	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**

SLM9814Z → ______ → ______ → ______

INSRS: WSP: Pegasus Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLM9814Z - CS3/AIG/701446/Jber; DOA 29/6/18
	SLX1720E, X

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:		☐
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:	

(08/11/13)

Surveyor: [signature]

REF: 72006

ASSIGNMENT

From:	Date:
Estimated Cost:	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV (TP circled)	
To Inspect Vehicle No: SLM 9814Z	
at Workshop m/s: PEHASUS	
of: 74, KIM TECK RD	
Insured: AHN	
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 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: SLM 9814Z	Yr Regn: 2017 / APR
Type: M.Car (circled) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or	
Make: TOYOTA VIOS 1.5E CVT	c.c 1496
Colour: GREY	A/C: Insured / Std / NI / NA
Sp.Reading: 66864	T/Radio: Insured / Std / NI / NA
Eng/No:	
C/No: MHFB29F3802009501	
Gen. Cond: Good / Fair (circled) / Poor / Burnt	
Steering: Inorder (circled) / Jammed / Leaked / Burnt or	
Brake: Inorder (circled) / Jammed / Leaked / Burnt or	
Modi: Nil / S/Rim (circled) / STD A/Rim or	
Tyre Size: F: 195/50R16	
R: "	
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE	
Front R/Bal. 6 mm	Rear R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. 29/06/18	D.O.I. 11/07/18
Survey held at: PEHASUS	
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S FRT	
The U/C / Chassis frame / Body Structure affected due to collision.	

Date / Time	Action / Instruction

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 ($) __S + RS __SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Survey Fee:

Transportation:

TOTAL