15/5/2010					LKK:
INS. CASE OWNER:		CC 6, RBE 180 13176, Awa3			IDAC:

ASSIGNMENT

Surveyor:	LMP	DOI: 18/7/18	Date / Time :	18/7/18
			Registered in Merimen:	

Pre-assign / CCU / FTE

YP 414 J

Insured Vehicle No. :		Claim No. :
Name of Insured :		Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 17/7/2018	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

JNC 9668 →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: People	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	JNC9668, X; YP414J-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$		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:	

REF:

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 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: JNC 4668   Yr Regn: 2010 / Nov

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

Make: Toyota Rav 4   c.c 2362

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

Sp.Reading: 97113   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ACA365000332

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: 205/65R17
               R: 205/65R17

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

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

Survey held at   People

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

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

Date / Time	Action / Instruction
	TP QBE

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	