15/5/2010

CC 4 /III1801 7684, T2 p6,

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: Taufikh.

ASSIGNMENT

DOI: _____ 12/7/18

Date / Time: 27/7/18

Registered in Merimen: 27/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GHD 3075P

Name of Insured :

Insured Tel No. : _____ HP:

Excess Sec II :S$ _____ D.O.A : 21/7/18

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SFS 171J ⟶

	INSRS: mova		INSRS:		INSRS:		INSRS:
	WSP:		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time	SFS 171J - nwm/ms 6180 137774(v) 04+.117/18	STAGE	DATE / PIC	
	GHD 7075P-4	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$ (S x days)		
Loss of Income (LOI):	S$ (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: 27/07/2018	**Veh No:** SFS 131J Yr Regn: 04 Feb 2015
Estimated Cost:	**Type:** M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or RC350
To Inspect Vehicle No: SFS 131J	**Make:** Toyota Lexus c.c 3456
at Workshop m/s Mova	**Colour** Blue A/C: Insured / Std / NI / NA
of Blk 1008 Bukit Merah Lane 3	**Sp.Reading** 36652 T/Radio: Insured / Std / NI / NA
Insured: #01-04	**Eng/No:**
Policy No.	**C/No:** JTHHE 5BC7·05002354
Claims No.	**Gen. Cond:** Good / Fair / Poor / Burnt
Sum Insured: Excess:	**Steering:** In order / Jammed / Leaked / Burnt or
(Client's Record)	**Brake:** In order / Jammed / Leaked / Burnt or
Make of Veh:	**Modi :** Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 235/40ZR19

Remark: before 1pm

(Policy Condition)

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

	N/S	O/S

R: 11

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

Front		**Rear**	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A.		D.O.I. 27-07-18	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**	
GIA / PR Seen: Consistent? : **Yes** or **No**	
Est. Repairs: 5 days Res.: **Yes** or **No**	
Lum Sum: % 3 Val.: **Yes** or **No**	

Survey held at   w/s   12pm

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

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

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

Date: Person Contacted:

Date / Time	Action / Instruction

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