15/5/2010

INS. CASE OWNER: | CC 6, LCR 180 14127, Awab | LKK.
IDAC:

ASSIGNMENT

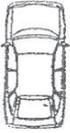Surveyor: _UNP_   DOI: _31/7/2018_   Date / Time: _31/7/2018_

Registered in Merimen: _2/8/2018_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SLK 3042J_   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____ D.O.A : _26/7/2018_   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**
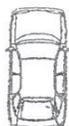
SLV 732M →   →   →

INSRS: INSRS: INSRS: INSRS:
WSP: _Lst Artwork_ WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time			STAGE	DATE / PIC
	SLV732M- X ;	SLK3042J- 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:		

ASSIGNMENT

From:	Date:	Veh No: SLV 732M. Yr Regn: 2017 / Dec.

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:

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

Make: Opel Astra.   c.c 999.

Colour: Bronze.   A/C: Insured / Std / NI / NA

Sp.Reading: 12852   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOLBE8EA3H8077287

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: 225/45R17.
            R: 225/45R17.

(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. 31/07/18.	

Survey held at   1st Autowork.

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

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

Date / Time	Action / Instruction
	TP A14

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

1)   [ ] : **Final Report**

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.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	