15/5/2010

INS. CASE OWNER: CC 3, AIG 180 15364, T/wra3   LKK:
                                                  IDAC:

Surveyor: M1H   **ASSIGNMENT**
                       DOI: 23/8/2018   Date / Time: 23/8/18
                                         Registered in Merimen: 23/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKV 9755 A   Claim No. :

Name of Insured : _____   Policy No. :

Insured Tel No. : _____ HP: _____   Make / Model :

Excess Sec II :S$ _____ D.O.A : 9/8/2018   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

SKQ 8886 M →   →   →   →
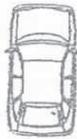
	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: Merimen		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time

SKQ 8886m - X ; SKV 9755 A - 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:

REF: **A1G**

ASS. REC. BY: _Tanjyn_

ASSIGNMENT

From: _____ Date: **23/8/18**

Estimated Cost: _____

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **SKQ 8886 M**

at Workshop m/s **Premium**

of **55 Ubi Rd 1**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **10.30am @ owner**
waiting
Phua

(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 (up)

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: **SKQ 8886 M** Yr Regn: **2014, Feb**

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

Make: **Audi A8**   c.c **2995**

Colour **Black.**   A/C: **Insured / Std / NI / NA**

Sp.Reading **47687.**   T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **WAU ZZZ 442C.N037511**

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: **255/45R19**
R: ∧

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.	23/8/18	

Survey held at **Premium Uhi**

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

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