			LKK:	65859
INS. CASE OWNER:	Winnie Ho.	CC 4, ASM 180 15789, K pa3	IDAC:	65859

ASSIGNMENT

Surveyor: _Kenneth_   DOI: _29/8/18_   Date / Time: _28/08/2018_

Registered in Merimen: _✓_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SJX 496H_   Claim No. : _____

Name of Insured : _LA CASA CUBANA PL_   Policy No. : _____

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

Excess Sec II :S$ _____   D.O.A : _28/8/2018_   Place of Accident : _Duncan Rd_

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

SLG2230K →

INSRS: WSP: _CDGT (B)._   Tel :   Liability :   RMKS:
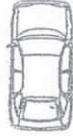
INSRS: WSP: Tel :   Liability :   RMKS:

INSRS: WSP: Tel :   Liability :   RMKS:

INSRS: WSP: Tel :   Liability :   RMKS:

Date/ Time		STAGE	DATE / PIC
	SLG2230K, X.	Non-Reporting ltr (1st):	
	SJX 496H, 04/11/15 016399/Kug3g2 ; DOA: 26/09/15	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
29/8	Dine. to sent 1st letter	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:

ASSIGNMENT

From: Date: 29082018

Estimated Cost:

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

To Inspect Vehicle No: SLG 2230K

at Workshop m/s   ComfortDelgro

of   205 Braddell Rd

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.

Bal. or Market Value: $ 73k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 0405 days   Res.: Yes or No

Lum Sum: 1.81 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

     Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLG 2230K   Yr Regn: 09, 16

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

Make: Honda Shuttle   c.c. 1496

Colour: M. D. Blue   A/C: Insured / Std / NI / NA

Sp.Reading 192273   T/Radio: Insured / Std / NI / NA
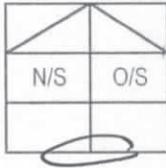
Eng/No:

C/No: GP7 · 1040385

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: Reventi F: 185 / 60R15

Rovelo R: —

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	28/8/18	D.O.I.	29/8/18

Survey held at

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
18	File pass to Corhome

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