15/5/2010

INS. CASE OWNER: KC | CC 4 , Asm 180 16062 , Klea3 | LKK: | IDAC: 66972 .

ASSIGNMENT

Surveyor: Ank   DOI: 3/9/2018   Date / Time : 3/9/2018

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJD 5015K	Claim No. :	S8M00U3K
Name of Insured :	Ang Soon Guan Francis	Policy No. :	GA336512
Insured Tel No. :	HP: 96852537	Make / Model :	Honda Cross Road 1.8L(A)
Excess Sec II :S$	D.O.A : 31/8/2018	Place of Accident :	KEPPEL ROAD
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**

SJD5015K → SHC6342M → SJS9664G →

INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: WSP: Premier Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC6342M. NT/INC 170157989/ K19bn2 ; DOA: 13/8/17
	SJD5815K. NJ AFMSG 100221921 j1 ; DOA: 7/11/10

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: 4/9   Sent By: An

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:	

(08/11/13)

Surveyor: Kalvin

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: SHC 6342M Yr Regn: 12 Jan 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: KIA optima c.c 1685

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

Sp.Reading 346958 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM41XMF557517I

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: 205/65 R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Achilles

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	31/8/18	D.O.I.	3/9/18

Survey held at Premier

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

Front d/s Rear d/s

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

Date / Time	Action / Instruction
	AxA
	d/s.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

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	