CC Ψ/III1801 6096, Ψ j63

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: WAZ

DOI: 4/9/18

Date / Time: 7/9/18

Registered in Merimen: 4/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 3333J

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 1/9/18

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**

SLQ7605C →

INSRS:
WSP: world
Tel: Auto
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SLQ 7605C — X	SHC 3333J — 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:

Confirm by:

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   If NO or B 28. Ass. Lia :

		(Agreed / Assessed) BOLA S/N No. :	
Final Liability:	%		
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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
Total:	S$	**Global Sum S$:**	

Email ☐ Cal ☐

FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(06/11/13) wef
ASS. REC. BY: NA2   REF: III

ASSIGNMENT

From   Date: 4/9/18

Estimated Cost

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

To Inspect Vehicle No: SLQ 7605C
at Workshop m/s   World Auto
of   No.1 Kranji loop

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLQ 7605C   Yr Regn: 21 JUL 2017

Type: M.Car / MCycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: TOYOTA PRIUS   c.c 1,798

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

Sp.Reading: 84,790   T/Radio Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU503562229

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: 195/65 R15
              R: 11

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

	N/S	O/S

Front		Rear		
R/Bal.	5 mm	R/Bal.	5	mm
L/Bal.	5 mm	L/Bal.	5	mm
D.O.A.	1/9/18	D.O.I.	5/9/18	

Survey held at   WORLD AUTO

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

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

III   P/P

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 ($)
         ☐ : Interview ($)
         ☐ : Tech. Invs ($)
         ☐ : Weekend ($)

Survey Fee:
Transportation:
S + RS, SI
Photos
Others

TOTAL