15/5/2010

INS. CASE OWNER: CC 4/III1801 bh47, Yubb | LKK: IDAC:

**ASSIGNMENT**

Surveyor: Nuvens DOI: 7/a/18 Date / Time : 6/4/18

Registered in Merimen: 7/a/18

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHC 1782 J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 4/a/18 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**

PBF 8497J → → →

INSRS: WSP: Tel : Liability : RMKS: Erofix.

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

| Date/ Time | |
|---|---|
| | PBF 8497J - X SHC 1782J - 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 + LO [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: III

Surveyor

# ASSIGNMENT

From: Date: 7/9/18

Estimated Cost:

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

To Inspect Vehicle No: FBK 8421J

at Workshop m/s Erofia Motor

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/up LYA 4745

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: FBK8421J Yr Regn: 2016

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

Make: PIAGGIO VESPA GTS c.c 278

Colour yellow A/C: **Insured / Std / NI / NA**

Sp.Reading No key T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: ZAPM45200000f5205

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: 130 - 70 - 12

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 7 mm | R/Bal. | 7 mm |
| L/Bal. | mm | L/Bal. | mm |
| D.O.A. | 4/9/18 | D.O.I. | 7/9/18 |

Survey held at

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

LH, rls sty

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

| Date / Time | Action / Instruction |
|---|---|
| | |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

**Days Of Repair:**

**Resurvey No. of Trip:**

**Add Fee:** ☐ : Site Insp ($ ) ☐ : Interview ($ ) ☐ : Tech. Invs ($ ) ☐ : Weekend ($ )

**Report Format :**

**Lump Sum / I.B.I:** ($ )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___S + RS___SI | |
| Photos | |
| Others | |
| TOTAL | |