15/5/2010

INS. CASE OWNER: CC 6, AIG 180 16356, Awra3

LKK:
IDAC:

ASSIGNMENT

Surveyor: ump   DOI: 5/9/18   Date / Time: 5/9/18

Registered in Merimen: 7/9/18

Pre-assign / CCU / FTE   GBG9731D

Insured Vehicle No. :	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 29/8/18	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

SLH 2306 X →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: dbwm	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLH 2306 X - X ; GBG 9731D . X	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:	

ASSIGNMENT SLH 2306X

From: Date: 5/9/18

Estimated Cost:

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

To Inspect Vehicle No: SLH 2306 X

at Workshop m/s Abwin Service

of 8 kaki Bkt Ave 4 #07-48

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)   Morning

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: days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up?

Date: Person Contacted:

Vehicle: IN / OUT

	N/S	O/S

Veh No: SLH 2036X .   Yr Regn: 2016 / Oct.

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

Truck / Trailer or

Make: Honda Vezel.   c.c 1496.

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

Sp.Reading 32527.   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1205136   .

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: 215/60R16

             R: 215/60R16 .

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

TOYO / YOKO or

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A.		D.O.I. 05/08/18.	

Survey held at Abwin.

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
	TP AIG.

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	