| INS. CASE OWNER: | CL | CC4 / Asm 180 16936, KI 0a3 | LKK: | 69580 |
| | | | IDAC: | |

ASSIGNMENT

| Surveyor: | AWF | DOI: 18/9/18 | Date / Time: | 14/09/2018 |
| | | | Registered in Merimen: | — |

Pre-assign / CCU / FTE

EC7775

S8movrJs 6x

Insured Vehicle No.	:		Claim No.	:	
Name of Insured	:	Lee Phui Nyen	Policy No.	:	
Insured Tel No.	:	HP:	Make / Model	:	
Excess Sec II :S$		D.O.A : 13/09/2018	Place of Accident :	RITZ CARLTON HOTEL Basement C/P
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

SHB 8472M →

	INSRS:		INSRS:		INSRS:		INSRS:
	WSP: Premie		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time			STAGE	DATE / PIC
	SHB8472M - NBMINL17003390/4 ; OVA 18/4/17		Non-Reporting ltr (1st):	
	EC7775 - X		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
18/9/18	OINA. Sent out 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:		

Surveyor: Kalvin   REF:

ASSIGNMENT

From: _____   Date: _____

Estimated Cost: _____

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

To Insped Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____   Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

	N/S	O/S

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

Vehicle: IN / OUT

Date: _____   Person Contacted: _____

Veh No: SHB 8472M   Yr Regn: 9 Ot , 2013

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 601578   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAHM414MES446883

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/65R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	13/9/18	D.O.I.	18/9/18

Survey held at: Premi

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
M's Body.

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

Date / Time	Action / Instruction
	4/5

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	