INS. CASE OWNER:	CC 3 /M6 180 17457, Kha3	LKK:	
		IDAC:	

ASSIGNMENT

Surveyor: _KSL_   DOI: _24918_   Date / Time: _24/9/18_

Registered in Merimen: _21/9/18_

Pre-assign / CCU / FTE
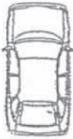
Insured Vehicle No. : _SUN 3883H_   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : _18/09/18_   Place of Accident :

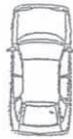Is driver the owner? (YES / NO)   Nature of Accident :

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**

SHO 9806S →

INSRS:
WSP: _Trans-Cab_
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SUN3883H X	Non-Reporting ltr (1st):	
	SHO 9806S - U3FCH SUN1336/Kqbdl ;DOA:16/07/14	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:

ASS. REC. BY: REF: _A16/_

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Trans Cab

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.

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _02_ days   Res.: Yes or No

Lum Sum: _20_ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: _S140 9806S_   Yr Regn: _04, 14_

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
Truck / Trailer or _A)_

Make: _Renault Latitude_   c.c _1995_

Colour _M. White / Pwl_   A/C: Insured / Std / NI / NA

Sp. Reading _215184_   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _VF1ABL15AUC· 277371_

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : (XII) / S/Rim / STD A/Rim or _____

Tyre Size: F: _215/60R16_

         R: _____

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

Front		Rear	
R/Bal.	_d_ mm	R/Bal.	_8_ mm
L/Bal.	_8_ mm	L/Bal.	_8_ mm
D.O.A. _18/9/18_		D.O.I. _24/9/18_	

Survey held at _____

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

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

Date / Time	Action / Instruction
25/9	File pass to Catherine
	1 1 Smp 812001

Date/Time, File Pass to?   [ ] : Preli. Report

1) _____

Date/Time, File Return to?   [ ] : Final Report

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