| INS. CASE OWNER: | RA | CC 4, ASM 180 17924, K1f43 | IDAC: 71959 |

ASSIGNMENT

Surveyor: _RASUL_ DOI: _31018_ Date / Time: _71018_

Registered in Merimen: _____

Pre-assign / CCU / FTE
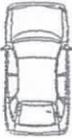
Insured Vehicle No. : SKH 66530

Name of Insured : Chen Cheng Ping

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/9/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : 58M00X17

Policy No. : GA30884/. ax

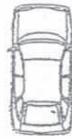Make / Model : V. Passat.

Place of Accident : Toa Payoh Town

Nature of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : 0 % Final ? Yes / No

SKP 8912B →

INSRS:
WSP: VTec Auto
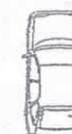Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKP 8912B, X; SKH 66530, 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 + LOI ☐ [Tick only one]

GIA/LTA Search S$ _____

Medical: S$ _____

Disbursement: S$ _____ (e.g. Tow/ Independent)

Legal Cost S$ _____

Total: S$ _____ Global Sum S$: _____

1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
3) Survey fee: _____

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

From: _____ Date: _____	Veh No: SKP 8912B Yr Regn: 2014 Oct
Estimated Cost: _____	Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SKP 8912B	Make: Volvo XC60 T5 c.c 1969
at Workshop m/s V-TEC Auto	Colour BROWN A/C: Insured / Std / NI / NA
of BLK 8, KAKI BUKIT AVE 4 #07-08	Sp.Reading 62688 T/Radio: Insured / Std / NI / NA
444x/up	Eng/No:
Insured: _____	C/No: YV1DZ40LOF2654583
Policy No.	Gen. Cond: Good / **Fair** / Poor / Burnt
Claims No.	Steering: **Inorder** / Jammed / Leaked / Burnt or
Sum Insured: _____ Excess: _____	Brake: **Inorder** / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / **S/Rim** / STD A/Rim or
Make of Veh:	Tyre Size: F: 235/60R18

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 98k

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: _____

R: ~~~

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

TOYO / YOKO or   CONTINENTAL

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 30/09/18		D.O.I. 03/10/18	

Survey held at   V-TEC 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.

Date / Time	Action / Instruction

Days Of Repair: _____

Resurvey No. of Trip: _____

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

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

TOTAL