15/9/2010

INS. CASE OWNER: CC 4 /III1801 grine, U pbh | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 21/10/18 Date / Time : 20/10/18

Registered in Merimen: 20/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GB 9093 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 26/10/18 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**

GBH 1143T → → →

INSRS:
WSP:
Tel :
Liability :
RMKS: think one

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH1143T - X GB9093 - 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 Cal
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$	(S x days)	
Loss of Income (LOI):	S$	(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 Cal
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Garage: Merus | REF: | 111

ASSIGNMENT

From	Date:	Veh No: GBH1143Z	Yr Regn: / 18

Estimated Cost:

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

To inspect Vehicle No: GBH 1143

at Workshop m/s: Thinkcone

of: 4pm

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:

IPAC 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 1928A

Vehicle: IN / OUT

Date: Person Contacted:

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

Make: Toyota hiace c/c: 2982

Colour: Purple A/C: Insured / Std / NI / NA

Sp.Reading: 25588 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH2010 227982

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: 195/80R15

R:

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	8		D.O.I.	31/10/18	

Survey held at

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

Rear

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

Date / Time | Action / Instruction

MA 30752

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

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+PS.__ SI

) Photos

) Others

)

TOTAL