P.I.: CASE OWNER:	CC 6, LcR 180 l9773, A ba3	LKK: IDAC:

ASSIGNMENT

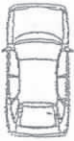Surveyor: lwp   DOI: 29-10-18   Date / Time: 29-10-18
Registered in Merimen: 30-10-18

Pre-assign / CCU / FTE   SLL 4999L

Insured Vehicle No. : SLL 4999L   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
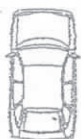
SFU 4904 A →

INSRS:
WSP: kanglav
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SFu 4904 A X ; SLL 4999L - 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$		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

From:	Date:
Estimated Cost:	

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

To Inspect Vehicle No:

at Workshop m/s

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.
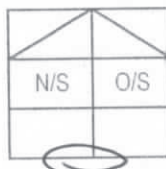
Bal. or Market Value:

IDAC Accident Rport:	Consistent? : Yes or **No**
GIA / PR Seen:	Consistent? : Yes or **No**
Est. Repairs:	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: **SKU 4904A**   Yr Regn: **2015 / July**

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

Make: **Toyota Vellfire**   c.c **2493**

Colour: **Black**   A/C: Insured / **Std** / NI / NA

Sp.Reading **289398**   T/Radio: Insured / **Std** / NI / NA

Eng/No:

C/No: **AGH300015873.**

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

Steering: (in order) / Jammed / Leaked / Burnt or

Brake: (in order) / Jammed / Leaked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: ~~P215~~ P215/65R16
            R:

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

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

Survey held at **Kang Car @ 1245**

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
	TP A16 .

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