15/5/2010	CC Y/EQI1801	1897 KUDAN LKK:
INS. CASE OWNER		IDAC:
Surveyor:	DOI: ASSIGNMENT	Date / Time :
		Registered in Merimen:
Pre-assign / CCU	O. : GY 8632J	
Insured Vehicle N	0. : 019 80970	Claim No. :
Name of Insured		Policy No. :
Insured Tel No.	: HP: / .	Make / Model :
Excess Sec II :S\$	IK - V	Place of Accident :
		Place of Accident.
Is driver the owner		
If NO, Driver Na Driver Tel	-	OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO Insured Liability : % Final ? Yes / No
GBG 808	71 /	
INSRS: WSP: Q A A Tel: Liability: GW	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:  INSRS: WSP: Tel: Liability: RMKS:
Date/ Time	RIVINS:	RIVINS: RIVINS.
Date/ Time	6668087y-+ 648672	STAGE DATE/PIC
(-   4)	and 80847-7 an 8622	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 :
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
FINALIZATION	Date/Time: Confirm with:	Others:
Repair Cost:	Date/Time: Confirm with:  S\$ ( days)Reduction:	Confirm by:    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): Loss of Income (LOI):	S\$ (S x days)	
LOR only LOU only	S\$ (\$ x days)   LOR + LOU   LOR + LO     Tick only one	1
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent	2) Report Format:
Legal Cost	SS	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.) Payee 3: (Strike if N.A.)	S\$ Name 2: S\$ Name 3:	
a a cc 3. (Strike II IV./1.)	ivaliie 5.	

## ASSIGNMENT

From: Date: 01/1118	Veh No: GBG 80834 Yr Regn: 2017 / NOV
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Vah / Lorry / Taxi / Prime Mover /
OD (TP)WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: GBG 8083 Y	Make: Toyota HIACE DX 3.0 A c.c 2982
at Workshop m/s Sin Sheng Engineering	Colour A/C: Insured / Std / NI / NA
at Workshop m/s Sin Sheng Engineering of 3 tech park Crescent	Sp.Reading 36961 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KOH 20/0233539.
Claims No.	Gen. Cond: Good / Fail / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ixorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (Nil) / S/Rim / STD A/Rim or
<u> </u>	Tyre Size: F: 195 80RCK
(Policy Condition)	R:
Remark: The veh had commenced its . N/S C	D/S DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 18 10 18 D.O.I. 01 11 18
Lum Sum: % 3 Val.: Yes or No	Survey held at Sew 3 Hank
CA / REV / REP. / 24 HRS CUP	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	The O/C / Chassis frame / Body Structure and do to some of
Date / Fills Addon / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	Fee: : Site Insp (\$ )S+RS,SI
	: Interview (\$ ) Photos
Report Format:	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$
	TOTAL