INS. CASE OWNER:	CC Ψ,111 180 19968, 71ha3	LKK:
		IDAC:

ASSIGNMENT

Surveyor: MAH   DOI: 7/11/18   Date / Time : 1-11-18

Registered in Merimen: 2-11-18

Pre-assign / CCU / FTE   GBF7612H

Insured Vehicle No. :   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A: 31/10/18   Place of Accident :

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

If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :   %   Final ? Yes / No

SKE3666C →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Stuttgart.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
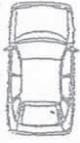
Date/ Time		SKE3666C · X ; GBF 7612H · X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	

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:

Surveyor: Taufik REF: IY

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.**

	N/S	O/S
		X

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 4pm owner waiting

Date: Person Contacted: EVS

Vehicle: **IN / OUT**

Veh No: 3KE 3666C Yr Regn: 2012, Jan.

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

Make: Porsche Cayenne Tiptronic Cc 3598

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

Sp.Reading: 109962. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WP1ZZZ92ZCLA04579

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:

R: 265/50R19

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

Front			Rear		
R/Bal.	C	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	2/11/18 @ 4.5pm	

Survey held at: Transeuropa 27A Tg Pajim

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

Date/Time, File Pass to? ☐ : **Preli. Report**

1) ☐ : **Final Report**

Date/Time. File Return to?

2)

Report Format :

Lum 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