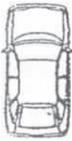|		
INS. CASE OWNER:	CC 3/ 111 180 20983, Kleas	LKK: IDAC:

ASSIGNMENT

Surveyor: _Ank_   DOI: _19·11·18_   Date / Time : _19-11-18_
Registered in Merimen: _20-11-18_

Pre-assign / CCU / FTE   _SHA 1841H_

Insured Vehicle No. : _____   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____ D.O.A : _18·11·18_   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**

SHC 66?2K → _____ → _____ → _____ → _____

INSRS: WSP: _Premier_ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 66?2K- CC3/ACW 1300 70q1/Mirely ;DRA 14/6/13 -CC3/MW130174600/Mia2t2y; DOA 4/8/13 SHA 1841H CC3/AXA 1201 6419/Lttec3q2; DOA 23/8/12 -CS/7me 17001947/44y1n ; DOA 27/11/13	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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	

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: Kalvin   REF:

ASSIGNMENT

From: _____ Date: _____	Veh No: **SHC 6672K** Yr Regn: **9 Mar, 2015**
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 Insp.ed Vehicle No: _____	Make: **KIA Optima** c.c **1.685**
at Workshop m/s _____	Colour **Silm** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **459340** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No:
Policy No. _____	C/No: **KNAHM4 4 MF5588219**
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size; F: **205 / 65 R16**
(Policy Condition)	R: _____

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

	N/S	O/S

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

	Front		Rear	
Bal. or Market Value: _____	R/Bal. **7** mm		R/Bal. **7** mm	
IDAC Accident Rport: ___ Consistent? : Yes or No	L/Bal. **7** mm		L/Bal. **7** mm	
GIA / PR Seen: ___ Consistent? : Yes or No				
Est. Repairs: ___ days Res.: Yes or No	D.O.A. **18/11/8**		D.O.I. **19/11/18**	
Lum Sum: ___ % 3 Val.: Yes or No	Survey held at **Premier**			

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction

III

Date/Time, File Pass to? [ ] : Preli. Report	Days Of Repair: _____	
1) [ ] : 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