INS. CASE OWNER: | CC 4/LPC1802 1157; R2663 | LKK: |
IDAC:

Surveyor: _Ravi_   DOI: _m/n/18_   Date / Time : _n/u/18_

ASSIGNMENT

Registered in Merimen:

Pre-assign / CCU / FTE   SLD 10915

Insured Vehicle No.   :

Name of Insured   :   Claim No.   :   18/18/18/VP/07117

Insured Tel No.   :   HP: Policy No.   :

Excess Sec II :S$ D.O.A : _18/n/18_   Make / Model :

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

SKB YO YSK ⟶   ⟶   ⟶   ⟶

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: STUTTGAM	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SKB YOYSA—x	SLD 10915—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 ☐ 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$	(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 ☐ 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: 23/11/18	Veh No: SKB 2025A Yr Regn: 2017 / Dec
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 Inspect Vehicle No: SKB 2025A	Make: PORSCHE PANAMERA c.c 2995
at Workshop m/s Trans Eurokars	Colour BLUE A/C: Insured / Std / NI / NA
of 27A Tanjong Penjuru	Sp.Reading 9729 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WP0ZZ297ZJL08061
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: 10am owner waiting Eva	Modi: Nil / (S/Rim) / STD A/Rim or
	Tyre Size: F: 315/35ZR20
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA /(MIC)/ OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	18/11/18		D.O.I.	23/11/18	

Survey held at   TRANSEUROKARS

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

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

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 up	
Vehicle: IN / OUT	
Date: Person Contacted:	

Date / Time	Action / Instruction

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 ($)	Others		
Lum Sum / I.B.I: ($)	☐ : Weekend ($)			TOTAL