15/5/2010

INS. CASE OWNER: _____ CC3 /AIG1802 *n48, TIAB3* LKK: _____
IDAC: _____

ASSIGNMENT

Surveyor: _Tantiah_ DOI: _4/12/18_ Date / Time : _5/12/18_
Registered in Merimen: _10/12/18_

Pre-assign / CCU / FTE _SJL 94989_

Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S$ _____ D.O.A : _5/12/18_ 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**

SMC 6701A →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : _SMRT_	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 6701A - X	Non-Reporting ltr (1st):	
	SJL94989 - Ns/we/17 NESS/R2065 Num. 7/12/18	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 + 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:	

Surveyor Tay/th   REF: · ALG.

ASSIGNMENT

From: Date: 🔘122018   Veh No: SHC 4201 A   Yr Regn: 2014, April.

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: SHC 4201A   Make: Toyota Prius   C.C 1798

at Workshop m/s   SMRT   Colour Maroon.   A/C: Insured / Std / NI / NA

of   60 Woodland Ind Park E4   Sp.Reading 723595.   T/Radio: Insured / Std / NI / NA

Insured: Eng/No:

Policy No.   C/No: STDKN 364 80574/148.

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: 145/65/45

(Policy Condition)   R: ~ ~

Remark: The veh had commenced its | N/S | O/S | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

repair at the time of inspection.   TOYO / YOKO or   Falkon

Bal. or Market Value: Front   Rear

IDAC Accident Rport: Consistent? : Yes or No   R/Bal.   6   mm   R/Bal.   6   mm

GIA / PR Seen: Consistent? : Yes or No   L/Bal.   6   mm   L/Bal.   6.   mm

Est. Repairs: days   Res.: Yes or No   D.O.A.   D.O.I. 7/12/18 @ 4pm

Lum Sum: %   3 Val.: Yes or No   Survey held at   SMRT

CA / REV / REP. / 24 HRS   Des. of Damages : Frt / Rear / (O/S) / N/S / U/C / Rooftop or

                            Vehicle: IN / OUT   Rear o/s

Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction | 12/18/2024
| | | SJL9498 G

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