INS. CASE OWNER:	CC 3, CTI 180 2528, Jha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Hwee Sne   DOI: 13/12/18   Date / Time: 13/12/18

Registered in Merimen: _____

Pre-assign / CCU / FTE   GBF 3445A

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : 12/12/18   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**

SHB 1638Z →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: SMRT.w	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHB1638Z 2C3/AW1301087 1P6/n392 : DOR 1/6/12		Non-Reporting ltr (1st):	
	GBF3445A. X		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:	

ASSIGNMENT

From: Date:	Veh No: **SHB 1638 Z** Yr Regn: **4 Sep / 2014**

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

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

To Inspect Vehicle No:

Make: **Toyota Prius**   c.c **1797**

at Workshop m/s

Colour **maroon**   A/C: Insured / (Std) / NI / NA

of

Sp.Reading **672336**   T/Radio: Insured / Std / NI / NA

Insured:

Eng/No: **—**

Policy No.

C/No: **JTDKN36U405748145**

Claims No.

Gen. Cond: (Good) / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: (In order) / Jammed / Leaked / Burnt or

(Client's Record)

Brake: (In order) / Jammed / Leaked / Burnt or

Make of Veh:

Modi : Nil / (A/Rim) / STD A/Rim or

Tyre Size: F: **195/65R15**

(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
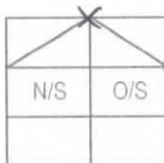
	Front			Rear	
Bal. or Market Value:	R/Bal.	**6** mm		R/Bal.	**6** mm
IDAC Accident Rport: Consistent? : Yes or **No**	L/Bal.	**6** mm		L/Bal.	**6.** mm
GIA / PR Seen: Consistent? : Yes or **No**	D.O.A.	**12/12/18**		D.O.I.	**13/12/18**

Est. Repairs: days   Res.: Yes or No

Survey held at   **Smrt**

Lum Sum: %   3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: Person Contacted:

Date / Time	Action / Instruction
	12/18/2054
	GBF 3445A

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