CC Φ/III1802 ᵗʰ _(handwritten)_ RIᵘⁿᵏ LKK: _____ IDAC: _____

INS. CASE OWNER: _____

Surveyor: _Raoul_ **ASSIGNMENT** DOI: _08/11/18_ Date / Time: _09/11/18_

Registered in Merimen: _09/11/18_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHA 21447_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _7/11/18_ 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**

FBN 5887C → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: _Kimoco_	WSP:	WSP:	WSP:
Tel : _motorcycle_	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	FBN 5887C	Non-Reporting ltr (1st):	
	SHA 21447	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:	

ASSIGNMENT

From:	Date:	Veh No: **FBN 5887C**	Yr Regn: **2018 / Nov 01**

Estimated Cost:

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

To Inspect Vehicle No: **FBN 5887C**

at Workshop m/s **Komoco Motor**

of **253, Alexandra Rd**

Insured: **lll**

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.

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

Vehicle: IN / OUT

Date: Person Contacted:

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

Make: **Harley Davidson**   c.c **1868**

Colour: **BLACK**   A/C: Insured / Std / NI / NA

Sp.Reading **001369**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **5HD1KTPC4KB6UU376**

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **130/80 R19**
              R: **180/55 R18**

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

Front		Rear	
R/Bal. **4**	mm	R/Bal. **4**	mm
L/Bal.	mm	L/Bal.	mm

D.O.A. **21/12/18**   D.O.I. **28/12/18**

Survey held at **Komoco**

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

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)

Add Fee: ☐ : Site Insp ($)
          ☐ : Interview ($)
          ☐ : Tech. Invs ($)
          ☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: S + RS.   SI

) Photos

) Others

TOTAL