INS. CASE OWNER:	CC 6/IIII1900 0057, Aebb
	LKK:
	IDAC:

Surveyor: _Adrian_   DOI: _71 / 11 / 18_   Date / Time: _11/11/18_

ASSIGNMENT

Registered in Merimen: _1/1/19_

Pre-assign / CCU / FTE   SHA 7681M
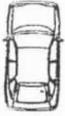
Insured Vehicle No. : SHA 7681M	Claim No. :	
Name of Insured :	Policy No. :	
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 10/11/18	Place of Accident :
Is driver the owne-? (YES / NO)	Nature of Accident :	

If **NO**. Driver Name / Age : _____

Driver Tel No. : _____   (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : ___%   **Final ? Yes / No**

SGC 5555J →

INSRS: Ho Bwg	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SGC5555J / SHA7681M	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 ☐ Cal ☐

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 ☐ Cal ☐

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:
Estimated Cost:	

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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:

Veh No: **SGC 5555J.**   Yr Regn: **2007 / April**

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Altis**   c.c **1598**

Colour **Silver.**   A/C: Insured / Std / NI / NA

Sp.Reading **257870**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **MR053ZEC107145211**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **185/70 R14.**
                R: **185/70 R14 .**

BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front		Rear	
R/Bal. **06**	mm	R/Bal. **06**	mm
L/Bal. **06**	mm	L/Bal. **06**	mm
D.O.A.		D.O.I. **31/12/18**	

Survey held at   **Paya Ubi.**

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

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

N/S	O/S

Date / Time	Action / Instruction
	TP 111 Ho Beng.
	MV : 22K
	PV : 16.6K
	Nett : 5.4K .

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	