INS. CASE OWNER:		CC 4, 661 1900 1541 , 11 tas	IDAC:	

ASSIGNMENT

Surveyor:	VM17	DOI:	22/1/19	Date / Time :	22/1/19

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	SGY 4293E	Claim No.	:	_____
Name of Insured	:	_____	Policy No.	:	_____
Insured Tel No.	:	_____ HP:	Make / Model	:	_____
Excess Sec II :S$		D.O.A : 7/1/19	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

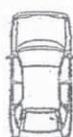Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

SKU 6930 K →
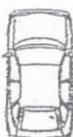
	INSRS:		INSRS:		INSRS:		INSRS:		INSRS:
	WSP: Vantage.		WSP:		WSP:		WSP:		WSP:
	Tel :		Tel :		Tel :		Tel :		Tel :
	Liability :		Liability :		Liability :		Liability :		Liability :
	RMKS:		RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time		STAGE	DATE / PIC
	SKU 6930K - X ; SGY 4293E, 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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:		
			Others:		

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:		

22/03/2002

Special Instruction: _____

ASS. REG BY: _____

Surveyor: _____

ASSIGNMENT (Office)

From (Person): Siti   of   EGI   Date/Time: 21012019 4.46pm

Bill to: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKU 6930K   Insured: SGY 4293E

at Workshop m/s Vantage   Tel: _____

305 Alexandra Rd

of _____   Claim No: SGY4293E/SL/SG

Policy No: _____

Excess: _____

Sum Insured: _____   D.O.A. 07012019

Make of Veh: _____
(Client's Record)

22012019   H.O.D. Endorsement: _____

CA / REV / REP. / REV 24 HRS 'WPI

Date/Time: 21012019 5.43pm   Person Contacted: Simon   Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKU 6930K - X
	SGY 4293E - X
30|1-	Revert pending estimate.

Tayfikh   REF: EG1

ASSIGNMENT

Veh No: SKY 6930 K   Yr Regn: 2015 Aug

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.   464K.

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

Date: ·Person Contacted:

Date / Time   Action / Instruction   Repair limit $12K.

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   41729   T/Radio: Insured / Std / NI / NA

Eng/No: MR053REH10H536479.
C/No:

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: 205/55/16
             R:

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.			D.O.I.	22/1/19 @ 12pm	

Survey held at   Vantge

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

Vehicle: IN / OUT   Omar

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

Rebate: $51,319

Date/Time. File Pass to: ☐ : Preli. Report
                           ☐ : Final Report

Date/Time. File Return to:

Report Format :
Lump Sum / I.B.

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee.
Transportation
) ... S+P
, Photo
) Others

TOTAL