CC 3, 521 1900 1484, Jha3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _OAJ_ DOI: _21/1/19_ Date / Time: _21/1/19_

Registered in Merimen: _____

Pre-assign / CCU / FTE   _GBB 6584 H_

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _19/1/19_   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

SHB 708 L →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : _Pmet.m_	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHB708L - U31MH140188 9e/KIWa3q~ ,ueq: 12/8/14		Non-Reporting ltr (1st):	
	— U31AXA140206 e01 KIWy3q~ ,Dok 2/11/14		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	GBB6584H. ✗		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:		

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.

X N/S	O/S

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: **SHB708L**   Yr Regn: **27/7/2016**

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

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

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

Sp.Reading **151700**   T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: **JTDKN36U0057684 11**

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: **195/65 R15**
          R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or   **Westlake** .

Front		Rear	
R/Bal. **6** mm		R/Bal. **6** mm	
L/Bal. **6** mm		L/Bal. **6** mm	
D.O.A. **19/1/19**		D.O.I. **21/1/19**	

Survey held at   **Smrt**

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

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

Date / Time	Action / Instruction	
		01/19/2093
		GBB 6584H