		CC 4/IIII1900 1510 , Deli	LKK:
INS. CASE OWNER:			IDAC:

ASSIGNMENT

Surveyor: RBT   DOI: m|1|u   Date / Time: m|1|a

Registered in Merimen: m|1|u.

Pre-assign / CCU / FTE   SHC 1372G.

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 22/1/u.   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**

SHA 9845G →   →   →   _____   →

INSRS: WSP: Uhunni Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA9845G — ... DM. ... 4/18	Non-Reporting ltr (1st):	
	SHC1372G — ... DM. 4/6/18	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

CJB My 2023

Veh No: **SHA 9815 G**   Yr Regn: **2015 May**

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

Truck / Trailer or

Make: **Hyundai I40**   c.c **1685**

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

Sp.Reading: **677794**   T/Radio: Insured / Std / NI / NA

Eng/No: **D4FDEU495478**

C/No: **KMHLB41UMGU074878**

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: **205/60 R16**

R: — " —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / ŚUMI /
TOYO / YOKO or   **Campion**

	Front		Rear	
R/Bal.	**5** mm		**5** mm
L/Bal.	**5** mm		**5** mm

D.O.A. **22/01/2019**   D.O.I. **23/01/2019**

Survey held at **Chunri AMK**

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

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

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.**

N/S	O/S

Bal. or Market Value: ....

IDAC Accident Rport: ....   Consistent? : Yes or No

GIA / PR Seen: ....   Consistent? : Yes or No

Est. Repairs: **7** days   Res.: Yes or No

Lum Sum: **20** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ....   Person Contacted: ....

Date / Time	Action / Instruction
Tıl	**SHC 1373G**

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair: ....

1) ....   ☐ : Final Report   Resurvey No. of Trip: ....

Date/Time, File Return to?

2) ....

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

Survey Fee: ....
Transportation: ....
) __S + RS __ SI
) Photos
) Others

Report Format :

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

TOTAL