15/5/2010

CC 6, LCR 1900 1563, Aja3

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: Cup

ASSIGNMENT

DOI: 21/1/19

Date / Time: 21/1/19

Registered in Merimen: 23/1/19

Pre-assign / CCU / FTE

SLD 3857L

Insured Vehicle No. :

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A: 18/01/19

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SKH 1446T →

INSRS:
WSP: Hua Meng.
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKH1446T] MALLIP1900240/24 ; DOA: 18/1/19	
	SLD3857L]	

STAGE	DATE / PIC
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 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:	

ASS. REC. BY:		REF:	

ASSIGNMENT

Adrian

		Veh No: **SKH 1446 T** Yr Regn: **2017, June**
From:	Date:	Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost: -		Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Make: **Toyota Estima** c.c **2362**
To Inspect Vehicle No:		Colour **Brown.** A/C: Insured / Std / NI / NA
at Workshop m/s		Sp.Reading **24584.** T/Radio: Insured / Std / NI / NA
of		Eng/No:
Insured:		C/No: **ACR507139191 .**
Policy No.		Gen. Cond: (Good) / Fair / Poor / Burnt
Claims No.		Steering: (Inorder) / Jammed / Leaked / Burnt or
Sum Insured:	Excess:	Brake: (Inorder) / Jammed / Leaked / Burnt or
(Client's Record)		Modi : Nil / (S/Rim) / STD A/Rim or
Make of Veh:		Tyre Size: F: **225/50R18**
		R: **225/50R18**
(Policy Condition)		BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

TOYO / YOKO or

Front		Rear	
Bal. or Market Value:			
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. **06** mm	R/Bal. **06** mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. **06** mm	L/Bal. **06** mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. **21/01/19**
Lum Sum:	% 3 Val.: Yes or No	Survey held at	**Hua Meng.**

CA / REV / REP. / 24 HRS

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

	Vehicle: IN / OUT
Date:	Person Contacted:

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

Date / Time	Action / Instruction
	TP ALG.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S +RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	