INS. CASE OWNER:

CC 3 /AIG1900   1599, Jhb3

LKK:
IDAC:

ASSIGNMENT

Surveyor: HJ.   DOI: m/1/19   Date / Time : m/1/19
Registered in Merimen: m/1/19.

Pre-assign / CCU / FTE   SJN 426E
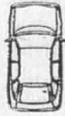
Insured Vehicle No.   :   Claim No.   :
Name of Insured   :   Policy No.   :
Insured Tel No.   :   HP: Make / Model :
Excess Sec II :S$ D.O.A : 17/1/19.   Place of Accident :
Is driver the owner?   (YES / NO)   Nature of Accident :

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**

SG 1049S →   →   →   →
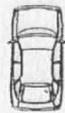
INSRS: WSP: GMKT. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time				STAGE	DATE / PIC
	SG1049S - X	SJN426E - 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 [ ]

			If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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:	

Survey Assoc d.e

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:

Date / Time	Action / Instruction

Veh No: **SG1049S**   Yr Regn: **18 mar 2016**

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

Make: **Mercedes Citaro**   c.c **6374**

Colour **multi colour**   A/C: Insured / Std / NI / NA

Sp.Reading **249450**   T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: **WEB62808323130303**

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: **275/70 R22.5**
              R: —

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A. **17/1/19**			D.O.I. **23/1/19**		

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, File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

          Transportation

Add Fee: ☐ : Site Insp ($)___S + RS___St

          ☐ : Interview ($) Photos

          ☐ : Tech. Invs ($) Others

          ☐ : Weekend ($) .

          TOTAL