15/5/2010

INS. CASE OWNER:

CC 4 /FWD1900 1886, Ae63

LKK:
IDAC:

ASSIGNMENT

Surveyor: Adrian   DOI: 7/1/19   Date / Time: 7/1/19
Registered in Merimen: 7/1/19

Pre-assign / CCU / FTE   SJK 4707S

Insured Vehicle No. : SJK 4707S

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 7/1/19

Claim No. :
Policy No. :
Make / Model :
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**

SGK5613H →   →   →   →

INSRS:
WSP: MG
Tel: Sventoon
Liability:
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SGK5613H→	SJK4707S-4	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 + 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:

ASS. REC. BY:		REF:	

Adrian

<table>
<tr><td colspan="2">ASSIGNMENT</td></tr>
</table>

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: 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: **SGK5613H**   Yr Regn: **2006, August.**

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

Make: **Toyota Wish**   c.c **1794**

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

Sp.Reading **265652** T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **ZNE100306260**

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: **185/65R15**
        R: **185/65R15.**

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

Front		Rear	
R/Bal. **06**	mm	R/Bal. **06**	mm
L/Bal. **06**	mm	L/Bal. **06**	mm
D.O.A.		D.O.I. **29/01/19**	

Survey held at **MG Solution**.

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
	TP FWD. COE Expiry : 30/06/26.
	MV : 43k.
	PV : 36k.
	Nett : 7k.

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	