CC 3, MG 1900 2462, R1 pg3

	LKK:
INS. CASE OWNER:	IDAC:

Surveyor: RASUL   DOI: 13/2/19   **ASSIGNMENT**   Date / Time: 12/2/19

Registered in Merimen: 12/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 8625 U   Claim No. :   lr+

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 5/7/19   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

SKH 7594J →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : volkswagen.	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SKH 7594J - X ; SMD 8625 U - X

Date/ Time		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:	

ASSIGNMENT

From: ___   **Date:** ___

Estimated Cost: ___

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **SKH 7594 J**

at Workshop m/s **VOLKSWAGEN**

of **247, ALEXANDRA RD**
S16

Insured: ___

Policy No. ___

Claims No. ___

Sum Insured: ___   **Excess:** ___

(Client's Record)

Make of Veh: ___

Ilan

(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:** ___

Veh No **SKH 7594 J**   **Yr Regn:** **2017 / July**

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

Make: **VOLKSWAGEN TIGUAN**   **c.c** **1395**

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

Sp.Reading **44670**   **T/Radio:** Insured / Std / NI / NA

Eng/No: ___

C/No: **WVGZZZ5NZHW925991**

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: **235/55R18**
R: ___

N/S	O/S

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

Front		Rear	
R/Bal. **6**	mm	R/Bal. **6**	mm
L/Bal. **6**	mm	L/Bal. **6**	mm
D.O.A. **09/02/19**		D.O.I. **13/02/19**	

Survey held at **VOLKSWAGEN ALEXANDRA**

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

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

Date / Time	Action / Instruction

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: ___

Resurvey No. of Trip: ___

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

Survey Fee: ___

Transportation:
) ___ S + RS ___ SI
) Photos
) Others

TOTAL ___