15/5/2010

INS. CASE OWNER:	Stanley	CC 4, Asm, 900 2496, H ha3	LKK:	
			IDAC: 97654	

ASSIGNMENT

Surveyor: _____ Prun   DOI: _____ 13/1/19   Date / Time: _____ 12/02/19

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 3303Y   Claim No. : S9morbH8.

Name of Insured : ??   Policy No. :

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

Excess Sec II :S$ _____ D.O.A: 4/2/19   Place of Accident : _____

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

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

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

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

Insured Liability : _____ % Final ? Yes / No

SLB3686Z ➝
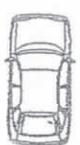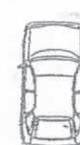
INSRS: WSP: SK Automotives Tel : Liability : RMKS:	➝	INSRS: WSP: Tel : Liability : RMKS:	➝	INSRS: WSP: Tel : Liability : RMKS:	➝	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLB3686Z · x	Non-Reporting ltr (1st):	
	GX3303Y · CC4/Asm 18212853/71ha3 ,DOA 1/1/18	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	NVR. Sent out 1st letter.	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:	

Surveyor Rasul   REF: 6802A

From   Date: | Veh No   SLB 3686Z   Yr Regn: 2016 / APR
Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or
To Inspect Vehicle No: SLB 3686Z | Make: HYUNDAI ELANTRA 1·6A c.c 1591
at Workshop m/s   SK AUTOMOBILE | Colour RED   A/C: Insured / Std / NI / NA
of 48, TOA QUAYN RD EAST #01-121 | Sp.Reading 56684   T/Radio: Insured / Std / NI / NA
    ASM (AX9) | Eng/No:
Insured: |
Policy No. | C/No: KMHD841CMHU 131616
Claims No. | Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: | Modi : Nil / S/Rim / STD A/Rim or
                                           | Tyre Size: F: 225/45R17
    Winson | R:
(Policy Condition) | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its | TOYO / YOKO or   FALKEN
        repair at the time of inspection. | Front   Rear
                                           | R/Bal.   6   mm   R/Bal.   6   mm
Bal. or Market Value: 60K | L/Bal.   6   mm   L/Bal.   6   mm
IDAC Accident Rport: Consistent? : Yes or No | D.O.A. 04/02/19   D.O.I. 13/02/19
GIA / PR Seen: Consistent? : Yes or No | Survey held at   SK AUTOMOBILE
Est. Repairs: days   Res.: Yes or No | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: %   3 Val.: Yes or No |
CA / REV / REP. / 24 HRS | The U/C / Chassis frame / Body Structure affected due to collision.
                        Vehicle: IN / OUT |
Date: Person Contacted: |

Date / Time	Action / Instruction

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair:
1)   ☐ : Final Report   Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?   Transportation:
2)   Add Fee: ☐ : Site Insp   ($) __S + RS __ SI
                                     ☐ : Interview   ($) Photos
                                     ☐ : Tech. Invs ($) Others
Report Format :   ☐ : Weekend   ($)
Lump Sum / I.B.I: ($)   TOTAL