15/5/2010

INS. CASE OWNER: | CC 6 /CTI1900 ~~5~~9 , ~~tpb3~~ | LKK: ___

IDAC: ___

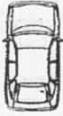## ASSIGNMENT

Surveyor: _Kenneth_ DOI: _11/7/19_ Date / Time: _11/7/19_

Registered in Merimen: ___—___

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBG 3800C** Claim No. : ___

Name of Insured : ___ Policy No. : ___

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

Excess Sec II :S$ ___ D.O.A : _7/2/19_ 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**

SGH 7373T ⟶ ___ ⟶ ___ ⟶ ___

INSRS: ___   INSRS: ___   INSRS: ___   INSRS: ___
WSP: _7kT_   WSP: ___   WSP: ___   WSP: ___
Tel : ___   Tel : ___   Tel : ___   Tel : ___
Liability : ___ Liability : ___ Liability : ___ Liability : ___
RMKS: ___   RMKS: ___   RMKS: ___   RMKS: ___

Date/ Time			STAGE	DATE / PIC
	SGH 7373T -4	GBG 3800C-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:	

Kenneth

ASSIGNMENT

From: _____ **Date:** _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ T & T

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: 03 days   Res.: Yes or No

Lum Sum: 20 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ **Person Contacted:** _____

Veh No: SGH 7333T **Yr Regn:** 11 , 11

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

Make: Mer SLK 200 c.c 1796

Colour M. Grey **A/C:** Insured / Std / NI / NA

Sp.Reading 88264 **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 172448 21 017339

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/RIm / STD A/RIm or _____

Tyre Size: F: 225/45ZR17

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	4 mm
L/Bal.	7 mm	L/Bal.	4 mm
D.O.A.	7/2/19	D.O.I.	11/2/19

Survey held at _____

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

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
/	File pass to
11/2	Est not ready

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

1) _____

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