15/5/2010

INS. CASE OWNER: CC 3 / ASM 1900 2762 , K[illegible]

LKK:

IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 13/2/19 Date / Time : 13/2/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No.	: SLL 9557 X		Claim No.	:
Name of Insured	:		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 6/2/19	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**

SLW 1376 X → SLL 9557 X → SHD 9825 L →

INSRS:	INSRS:	INSRS: Tians,	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability : 4 OO	Liability :
RMKS:	RMKS: 0	RMKS:	RMKS:

Date/ Time	
	SHD9825L – CC3/ASM1 7019399/KP6357 : DOM 5/10/17
	– CC3/AXA 16050784 / KEG357 : DOM 27/1/15
	SLL9557X . X

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:		

ASS. REC. BY: Kenneth

REF: /ADJ/

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Trans Cab

of ______

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: BV $48k

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: ______ Person Contacted: ______ Vehicle: IN / OUT

Veh No: SHD 9825L Yr Regn: 04, 14

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

Make: Renault Latitude c.c 1995

Colour: M. White / Pearl A/C: Insured / Std / NI / NA

Sp.Reading 383962 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: VF1ABL15AUC 277391

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: 215/60R16

R: ______

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	6/2/19	D.O.I.	13/2/19

Survey held at ______

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
/	File pass to
	61 Pmp @ 7200

Date/Time, File Pass to? 1) ______ ☐ : Prell. Report

Date/Time, File Return to? 2) ______ ☐ : Final Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee:	
Transportation: ___S + RS,___SI	
Photos	
Others	
TOTAL	

Report Format :

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