INS. CASE OWNER: | CC⁶ /CTI1900 *Mau, Uel3* | LKK:
IDAC:

Surveyor: Marcus   DOI: 18/7/19   **ASSIGNMENT**   Date / Time: 18/7/19.

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : SVM 1051K   Claim No. :

Name of Insured : _____   Policy No. :

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

Excess Sec II :S$ D.O.A : 15/7/19.   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**

smh 1085H ⟶   ⟶   ⟶   _____ ⟶

INSKS: INSRS: INSRS: INSRS:
WSP: Fastuch.   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: .   RMKS:

Date/ Time	smh 1085H –⨯ SVM 1051K –⨯	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:	
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$	(S x days)	
Loss of Income (LOI):	S$	(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: Marcus   REF: CY1

Q

ASSIGNMENT

		Veh No: SMG1085H Yr Regn: 12, 18

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMG1085H

at Workshop m/s   PP.

of

Insured: SLM1057K

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: days   Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS   of43G

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SMG1085H Yr Regn: 12, 18

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

Make: Nissan X-trail c.c 1997

Colour: Red   A/C: Insured / Std / NI / NA

Sp.Reading 6627   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1JAN T32700116 83

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:

R: 225/55 R19

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

N/S	O/S

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 18/2/19		D.O.I. 18/2/19	

Survey held at _____

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

Rear

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

Date / Time   Action / Instruction

Kick sensor Dmge. LNS/242

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