15/5/2010

INS. CASE OWNER: CC3 /CTI1900 _2998, tJevh._   LKK:

IDAC:

ASSIGNMENT

Surveyor: _Kelvin_   DOI: _14/7/19_   Date / Time: _14/7/19._

Registered in Merimen: _____

Pre-assign / CCU / FTE   PA 87917

Insured Vehicle No. :	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP: _11/7/19_	Make / Model :
Excess Sec II :S$ D.O.A :	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**

PA 87917 → SHD 1515A → SH 7747S →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: premier	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : TP	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time	SHD1515A→ ✗	PA83912→ ✗	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 + 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:	

Surveyor: Kalvin   REF:

ASSIGNMENT

From: _____ Date: _____	Veh'No: **SHD 1215 A** Yr Regn: **82 Mar, 2017**
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 Insp'ed Vehicle No: _____	Make: **Hyundai Z2** c.c **1540**
at Workshop m/s _____	Colour **Silver** A/C: Insured / Std / NI / NA
of _____	Sp.Reading **247742** T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No:
Policy No. _____	C/No: **TMAJ 281 UVH J125078**
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 /Rim or

Tyre Size: F: **195/65 R15**

         R:

(Policy Condition)

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

N/S	O/S

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

	Front			Rear	
Bal. or Market Value: _____					
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal. **7**	mm	R/Bal. **7**	mm
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. **7**	mm	L/Bal. **7**	mm
Est. Repairs: _____ days Res.: Yes or No	D.O.A. **11/2/19**		D.O.I. **18/2/19**	
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at **Premier**			

CA / REV / REP. / 24 HRS

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

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

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

Date / Time	Action / Instruction
	CTI

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