15/5/2010

INS. CASE OWNER: | CC3 /AIG1900 3356, Jp63 · | LKK:
| | IDAC:

ASSIGNMENT

Surveyor: MJ. DOI: 18/7/19 Date / Time: 18/7/19

Registered in Merimen: 17/7/19.

Pre-assign / CCU / FTE SMA 28738·

Insured Vehicle No. : _____ 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**

SMC 4693M → ___→ ___ ___→ ___

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : CMKT·	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMC 4693M → ✗	SMA 28738 → ✗	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$	(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:	

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

	N/S	O/S
✗		

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

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

Veh No. SHC 4693 M   Yr Regn: 4 Mar 2015

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

Make: Toyota Prius   c.c 1797

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

Sp.Reading 326886   T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: JTDKN36U X05758985

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: 195/65 R15
R: —

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	15/2/19		D.O.I.	18/2/19	

Survey held at   Sunset

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

02/19/2083

SMA 2873 S

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 + PS. ___ SI
) Photos
) Others
)

TOTAL