INS. CASE OWNER:	CC3, AG 1900 3852, Jha3	LKK:
		IDAC:

ASSIGNMENT

Surveyor: OHJ   DOI: 73/12/19   Date / Time: 27/2/9

Registered in Merimen: 1/3/9

Pre-assign / CCU / FTE

SIM 2320C

Insured Vehicle No.	:	Claim No.	:
Name of Insured	:	Policy No.	:
Insured Tel No.	:	HP:	Make / Model :
Excess Sec II :S$		D.O.A : 13/12/19	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**

SHD 6128K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : SMRT.cab	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD6128K - NO INS 1900 3958/24 TOW: 13/2/9	Non-Reporting ltr (1st):	
	SIM 2320C - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

	Handler	Typist
Documentation Check List:		
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:	

Surveyor **Hwee Jie** | REF: **A16**

<u>ASSIGNMENT</u>

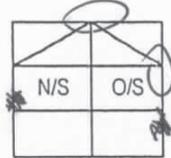|	
From: _____ Date: _____	Veh No. **SHD6128K** Yr Regn: **6 Nov 2015**
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or _____
To Inspect Vehicle No: _____	Make: **Toyota Prius** c.c **1797**
at Workshop n/s _____	Colour **maroon** A/C: Insured / Std / NI / NA
of _____	Sp.Reading _____ T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: —
Policy No. _____	C/No: **JTDKN36U805766681**
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 A/Rim or _____
	Tyre Size: F: **195/65 R15**
(Policy Condition)	R: —
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Chilles**

Damage diagram: N/S O/S (quadrant diagram)

Front		Rear	
Bal. or Market Value: _____			
IDAC Accident Report: _____ Consistent? : Yes or No	R/Bal. **6** mm	R/Bal. **6** mm	
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. **6** mm	L/Bal. **6** mm	
Est. Repairs: ___ days Res.: Yes or No	D.O.A. **13/2/19**	D.O.I. **27/2/19**	
Lum Sum: ___ % 3 Val.: Yes or No	Survey held at **Smrt**		
CA / REV / REP. / 24 HRS	Des. of Damages : (Frt) / Rear / (O/S) / N/S / U/C / Rooftop or		
Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.		
Date: ___ Person Contacted: ___			

Date / Time	Action / Instruction
	02/19/2081
	SLM 2320C
	SGE 1658L

Date/Time. File Pass to? ☐ : Preli. Report   Days Of Repair: _____

1)   ☐ : Final Report   Resurvey No. of Trip: _____   Survey Fee: _____

Date/Time. File Return to?   Transportation: _____

2)   Add Fee: ☐ : Site Insp ($) ___ S + PS. ___ SI

   ☐ : Interview ($) Photos

   ☐ : Tech. Invs ($) Others

Report Format :   ☐ : Weekend ($)

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