15/5/2010

INS. CASE OWNER:

CC Ϥ/III1900 4x0ɔ, RILb3   LKK:
                                IDAC:

ASSIGNMENT

Surveyor: _Rhɰl_   DOI: _4/n/n9_   Date / Time: _b/n/v9_
                                    Registered in Merimen: _7/n/ln._

Pre-assign / CCU / FTE

Insured Vehicle No. : _YP 54ɔ3A_   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _7/n/ln._   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 28I7G ⟶

INSRS: INSRS: INSRS: INSRS:
WSP: _prime_   WSP: WSP: WSP:
Tel : _auto_   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time			STAGE	DATE / PIC
	SHD 28I7G-x	YP54ɔ7A-b	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 ☐ Cal ☐
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 ☐ Cal ☐
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: SHD 2817G

at Workshop m/s   PRIME AUTO

of   6, BREWOL PL

Insured: 11

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

     Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SHD2817G   **Yr Regn:** 2013 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

   Truck / Trailer or

Make: TOYOTA PRIUS HYBRID 1.8CA c.c 1797

Colour BROWN   **A/C:** Insured / Std / NI / NA

Sp.Reading 546228   **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: ZVW30554/091

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: 185/65R15

     R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or   CHAO YANG

Front		Rear	
R/Bal. 5	mm	R/Bal. 5	mm
L/Bal. 5	mm	L/Bal. 5	mm
D.O.A. 02/03/19		D.O.I. 06/03/19	

Survey held at   PRIME AUTO

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

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	