15/5/2010

INS. CASE OWNER: CC 6, AIG 1900 4505, Uha3

LKK:
IDAC:

Surveyor: Marcus
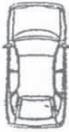
ASSIGNMENT

DOI: 12/3/19

Date / Time: 12/3/19

Registered in Merimen: 12/3/19

Pre-assign / CCU / FTE

SLD 5205 E

Insured Vehicle No. : SLD 5205 E

Name of Insured :

Insured Tel No. :   HP:

Claim No. :

Policy No. :

Make / Model :

Excess Sec II :S$ D.O.A : 11/3/19

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %   **Final ? Yes / No**

SKC 2496 J →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Kingtech	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SKC 2496 J - X ;		STAGE	DATE / PIC
	SLD 5205E - NA/AIG 1900 4331/64 insa: 11/3/19		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 + 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:	

REF: A161

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKC 2186J

at Workshop m/s   fp.

of   SLD 5205E

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: 43k

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
        1589E

CA / REV / REP. / 24 HRS

    Vehicle: **IN** / OUT

Date: Person Contacted:

Veh No: SKC 2186J   Yr Regn: 7.11

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

Make: OPEL ASTRA-H   c.c 1796   A/C: Insured / Std / NI / NA

Colour Red   T/Radio: Insured / Std / NI / NA

Sp.Reading 185077

Eng/No: 185077

C/No: — WOLOAHL 674.50 53958

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: 225/45 R17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	11/3/19	D.O.I.	12/3/19

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

LTA 35864 2yrs 4mh. Dep 10% nett 7136
here wef

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