15/5/2010

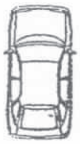
INS. CASE OWNER: CC 4, FWD 1900 4516, Rhea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAfm DOI: 29/03/2019 Date / Time : 11/3/2019

Registered in Merimen: 11/3/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 6736M Claim No. : Gx

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

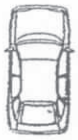
Excess Sec II :S$ D.O.A : 9/3/19 Place of Accident :

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

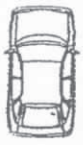
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

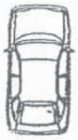
GBF 9840C → → →



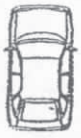
INSRS:
WSP: Woon Meng.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBF 9840C - X ; SLC6736M - X

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 + 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:	

(08/11/13) Surveyor [signature] | REF: | C 39709

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBF 9840C

at Workshop m/s WOON MENG

of BUKIT BATOK CRESCENT

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

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: GBF 9840C Yr Regn: 2017 / MAY

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

Make: NISSAN NV200 1.5MT c.c 1461

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

Sp.Reading 29141 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: VSKYBAM20Z0143860

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: 175/70R14

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	09/03/19		D.O.I.	29/03/19	

Survey held at WOON MENG

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

REAR N/S

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)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation:

___S + RS, ___SI

Photos

Others

TOTAL

Report Format :

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

GBT 9840E

number Plate [illegible]
Sealant x 2 nec 1pc
rear tailgate (L) [illegible]
" " hinge x 2 (L) x
" " lock (L) [illegible]
" bumper [illegible]
" " retainer x 2 x
" tailget NV200 nec
" " emblem nec
70 Kan nec
rear end panel repair
" rubber nec
" lamp (L) [illegible]
" Sensor ?
" bumper retainer x
labour — 500

Spray tailgate, end panel. 500
TO R & R rear N/S — 80
Wiring — 30

[illegible]

Phone
[illegible]

P/P
29/03/19 @ 163[illegible]
4 days
[illegible] before paint