15/5/2010

INS. CASE OWNER: _KSC_

CC 4/AIG1900 4540, Keh3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _KSC_   DOI: _15/7/14_   Date / Time: _17/7/14_

Registered in Merimen: _17/7/14._

Pre-assign / CCU / FTE

Insured Vehicle No. : _SKS 8262C_   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : _9/7/14._   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**

GBY 1379R ⟶ _SKS 8862U_ ⟶   _SKM 1525U_ ⟶ _SKW 7158G_

INSRS:	INSRS:	INSRS: 7eam	INSRS:
WSP:	WSP:	WSP: onto	WSP:
Tel :	Tel :	Tel : pro	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time		STAGE	DATE / PIC
	SKM 4525U	Non-Reporting ltr (1st):	
	SKS8862C WBA... OI 9/7/14	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	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: 12/3/19

Estimated Cost:

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

To Inspect Vehicle No: SKM 9525U

at Workshop m/s Team Auto pro

of 8 kaki Bkt Ave 4 #06-21

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.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS   lwp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKM 9525 U   Yr Regn: 28/4/14

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

Make: TOYOTA COROLLA ALTIS   c.c 1598

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

Sp.Reading 162776   T/Radio: Insured / Std / NI / NA

Eng/No: 1ZRY033832

C/No: MR053REH104001793.

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: 205/55/16

     R:

BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI / TOYO / (YOKO) or   FRT MIC REAR YOKO

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 9/3/19		D.O.I. 12/3/19	

Survey held at Team Auto pro

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

The U/C / Chassis frame / Body Structure affected due to collision.

N/S   O/S

Date / Time	Action / Instruction
	MV 56,000/2
	PV 46,814/2
	N 9,186/> TGW 14/3/19

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

1)   ☐ : **Final Report**   **Resurvey No. of Trip:**

Date/Time, File **Return** to?

2)

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Report Format :   ☐ : Weekend ($)

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

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL