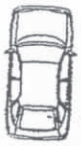
INS. CASE OWNER: CC 5/111 1900 5128 / Koa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 20/3/19 Date / Time: 20/3/19

Pre-assign / CCU / FTE Registered in Merimen: 22/3/19



Insured Vehicle No. : SJB 4462T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

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

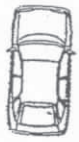
Is driver the owner? (YES / NO) Nature of Accident :

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

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

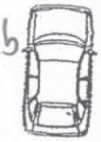
Insured Liability : % **Final ? Yes / No**

SHC5318R →

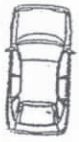


INSRS:
WSP:
Tel :
Liability :
RMKS:

Whvs-Cab



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC5318R - CW3 [illegible]
	SJB 4462T - CW3 [illegible] 21/1/16

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:		

'RELIMINARY ADVICE Date/Time: Sent By:

INALIZATION Date/Time: Confirm with: Confirm by:

epair Cost: S$ (days) Reduction: % Email ☐ Call ☐

INAL SETTLEMENT Date/Time: Confirm with

nal Liability: % (Agreed / Assessed) BOLA S/N No. : Email ☐ Call ☐

epair Cost: S$

ss of Rental (LOR): S$ (days) If NO or B 28, Ass. Lia :

ss of Use (LOU): S$ ($ x days)

ss of Income (LOI): S$ ($ x days)

)R only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

A/LTA Search S$

edical: S$

sbursement: S$ 1) Claim status: Normal/Reject/Private Settle

gal Cost S$ (e.g. Tow/ Independent) 2) Report Format:

tal: **S$** 3) Survey fee:

Global Sum S$:

NAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

ee 1:	S$	Name 1:	
ee 2: (Strike if N.A.)	S$	Name 2:	
ee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth | REF: TV /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

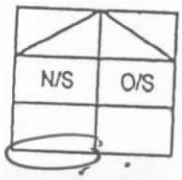
Sum Insured: _____ Excess: _____

(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: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 5318R Yr Regn: 03, 19

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

Make: Renault Latitude c.c 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp.Reading 604970 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB15AUC 278862

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	6 mm
L/Bal.	9 mm	L/Bal.	6 mm
D.O.A.	19/3/19	D.O.I.	20/3/19

Survey held at _____

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
/	File pass to Eng 83050

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format :

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