INS. CASE OWNER:	CC b /AIG1900 5380,AP63.	LKK:
		IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 25/7/09 Date / Time : 25/7/09

Registered in Merimen: 26/7/09

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 1539B.

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 17/7/09

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

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SLT 2449Y

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Hua	WSP:	WSP:	WSP:
Tel : Meng	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLT 2449Y	Non-Reporting ltr (1st):	
	SME 1539B	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 + 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:	

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

	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

Date: _____ Person Contacted: _____

Veh No: SLT3449Y   Yr Regn: 2017 / Oct.

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

Make: Hyundai Elantra   c.c 1591

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

Sp.Reading 25879.   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD84ICMJUS60999

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: 205/55R16
        R: 205/55R16.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	25/03/19	

Survey held at _____ Hua Meng.

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

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

Date / Time	Action / Instruction
	17 A16.
	mv :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
		IN	OUT	Basic & Add.	
1)	2)			__ S + RS, __ SI	
3)	4)			Photos	
5)	6)			Others	
Preli. Report:				TOTAL	
Final Report:					