15/5/2010

INS. CASE OWNER: _____

CC 4/AIG1900 5529 , ± phh   LKK: _____ IDAC: _____

Surveyor: _____ ESC

ASSIGNMENT

DOI: _____   Date / Time : 28/7/19
Registered in Merimen: 28/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SDK 1878Y   Claim No. : _____
Name of Insured : _____   Policy No. : _____
Insured Tel No. : _____ HP: _____   Make / Model : _____
Excess Sec II :S$ _____   D.O.A : 10/7/19   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**

GBL 5345T →   _____ →   _____ →   _____   _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Han	WSP:	WSP:	WSP:
Tel : motor	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	GBL5345T ...		Non-Reporting ltr (1st):	
	SDK1878Y ...		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$	(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:

ASS. REC. BY: _____   REF: A16 1

Kenneth

ASSIGNMENT

From: _____   Date: _____

Estimated Cost: _____

<u>OD / TP / WS</u> / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ Han Motor

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: _____ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBC 5393 J   Yr Regn: 12, 12

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

Make: Citroen Dispatch   c.c 1997

Colour: M.D. Grey Blue   A/C: Insured / Std / NI / NA

Sp.Reading 148114   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF7XSRHKH CZ0 16716

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : (NII) / S/RIm / STD A/RIm or _____

Tyre Size: F: _____
             R: 205/65R16

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A. 10/3/19		D.O.I. 29/3/19	

Survey held at _____

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

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

| N/S | O/S |

Date / Time	Action / Instruction
1	File pass to

Date/Time, File Pass to?   ☐ : Prell. 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

Report Format :

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

TOTAL