INS. CASE OWNER:	CC ⁵, ASM 1900 Sb72, Kens	IDAC:

ASSIGNMENT

Surveyor:	KSL	DOI:	28/03/2019	Date / Time :	28/03/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE
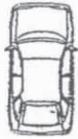
Insured Vehicle No.	:	SMG 9494 H	Claim No.	:	_____
Name of Insured	:	_____	Policy No.	:	_____
Insured Tel No.	:	_____ HP: _____	Make / Model	:	_____
Excess Sec II :S$	_____	D.O.A : 27/03/2019	Place of Accident :	____

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

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

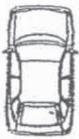If **NO**, Driver Name / Age : _____

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

SHc 5528 B　→　→　→

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-Cab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

SHc 5528B - C13/MG180033764 / CWb392 ; DOA. 18/2/18

SMG 9494 H. 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:	

Kenneth

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.

	N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: SHC 5528B Yr Regn: 08, 14

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

Make: Renault Toritude c.c 1993

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

Sp.Reading 513194 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB215AUC · 278869

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: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	9 mm
L/Bal.	7 mm	L/Bal.	8 mm
D.O.A. 27/3/19		D.O.I. 28/3/19	

Survey held at _____

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

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

Date / Time	Action / Instruction
1	File pass to L/Sup & 6700

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	