| | | CC⁷ /AIG1900 5675, Jhbh. | LKK: |
|---|---|---|---|
| INS. CASE OWNER: | | | IDAC: |

**ASSIGNMENT**

Surveyor: HJ .   DOI: 24/11/19   Date / Time : 29/11/19 .

Registered in Merimen: 114/19 .

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMF 1490B .

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$   D.O.A : 20/11/19 .

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

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

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

SHF 489Y .

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

INSRS:
WSP: SMRT .
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | | |
|---|---|---|---|
| | SHP 489Y | SMF 1490B | |

| 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 ☐ Cal ☐ |
|---|---|---|---|
| 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 ☐ Cal ☐ |
|---|---|---|---|
| Payee 1: | S$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |

Surveyor: **Hwee Jie**  REF: **A16**

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.

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: _____

Vehicle: IN / OUT

| N/S | O/S |
|-----|-----|

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Veh No. **SHF 489 Y**  Yr Regn: **30 Sep 2014**

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius**  c.c **1797**

Colour **maroon**  A/C: Insured / Std / NI / NA

Sp.Reading **487221**  T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: **JTDKN36U105751892**

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: **195/65 R15**
            R: —

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

| Front | | Rear | |
|-------|---|------|---|
| R/Bal. **6** | mm | R/Bal. **6** | mm |
| L/Bal. **6** | mm | L/Bal. **6** | mm |
| D.O.A. **26/3/19** | | D.O.I. **29/3/19** | |
| Survey held at | **Smrt** | | |

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

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

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| Date / Time | Action / Instruction |
|-------------|---------------------|
| | |

**03/19/2132**

**SMF1490B**

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

1) _____

Date/Time, File Return to?  ☐ : Final Report

2) _____

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation

) __S + PS __ SI

) Photos

) Others

)

TOTAL