15/5/2010

INS. CASE OWNER: CC ℓ /LPC1900 5881 , K j63   LKK: ___ IDAC: ___

ASSIGNMENT

Surveyor: _LJL_   DOI: n|4|19   Date / Time : 3|4|19

Registered in Merimen: _____

Pre-assign / CCU / FTE   SKQ 9808x

Insured Vehicle No.   :   SKQ 9808x   Claim No.   :   18|04|19|vprs|0n613

Name of Insured   :   _____   Policy No.   :   _____

Insured Tel No.   :   ___ HP: ___   Make / Model   :   _____

Excess Sec II :S$ D.O.A : 1|4|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**

SKJ 7171K →   →   →   →

INSRS: INSRS: INSRS: INSRS:
WSP: pitstop   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:
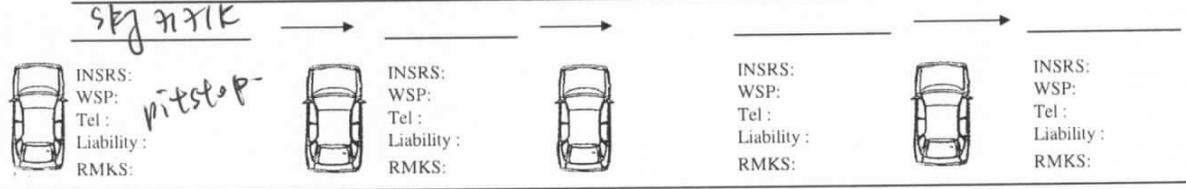
Date/ Time				STAGE	DATE / PIC
	SKJ7171K - X	SKQ9808X - T		Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	

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$ ($ 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 ☐ Cal ☐
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: LPC /

*Kenneth

ASSIGNMENT

From:		Date:	

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s **Rally Pitstop 04 - 17**

of _____

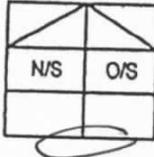Insured: _____

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: **4 - 5** days   Res.: Yes or No

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

WP

CA / REV / REP. / 24 HRS

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

Veh No: **SKJ 7171C**   Yr Regn: **08, 12**

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

Make: **Audi A6**   c.c **1984**

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

Sp.Reading **113591**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZZ4G50N006066**

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: **255/40R 19**

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	1/4/1	D.O.I.	3/4/19

Survey held at _____

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

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

N/S | O/S

Date / Time	Action / Instruction
/	File pass to
3/4	GIA not ready

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