15/5/2010

INS. CASE OWNER: CC4/LPC1900 5931, Ejah.

LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 9/4/19 Date / Time : 9/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 4169R. Claim No. : 19/09/19/4pm/0916/19.

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**

YN 10am → SLL 4169R → GBH 7831E →

INSRS:	INSRS:	INSRS: TNT	INSRS:
WSP:	WSP:	WSP: Hong	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability : TP	Liability :
RMKS:	RMKS: 01	RMKS:	RMKS:

Date/ Time	
	GBH 7831E-X SLL 4169R-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 ☐ 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:	

(05/11/04)
Surveyor

REF: LPC

ASSIGNMENT

From: Date: 4-9-2019

Estimated Cost:

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

To Inspect Vehicle No: GBH 2531

at Workshop m/s Tat Heng motor

of Blk 10, Ang mo kio Industrial park 2 #02-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: before 12pm

(Policy Condition)

N/S	O/S
XXX	

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 "WP"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBH 2531E Yr Regn: 22/03/18

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

Make: Toyota Dyna c.c 2982

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

Sp.Reading 95120 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFATJS Y60K 219958

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: 195/75R15

R: 155 R 12

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	1/4/19		D.O.I.	9/4/19	

Survey held at Tat Heng Motor

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. 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

TOTAL

Report Format :

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