INS. CASE OWNER:	CC 4, 111 1900 6003, Uebr	LKK:
		IDAC:

ASSIGNMENT

Surveyor: _marcus_ DOJ: _8/4/19_ Date / Time: _4/4/19._

Registered in Merimen: _4/4/19._

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHA 3463 C_

Name of Insured :

Insured Tel No. : HP: _____

Excess Sec II :S$ D.O.A. : _26/3/2019_

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

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SLJ 2025 X → → →

INSRS: WSP: _Car body_ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
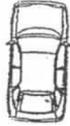
SLJ 2025 X - 4   SHA 3463 C - 4

Date/ Time			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:

Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time:

Repair Cost: S$ (days) Reduction: % Confirm with:

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$		
Disbursement:	S$		1) Claim status: Normal/Reject/Private Settle
Legal Cost:	S$	(e.g. Tow/ Independent)	2) Report Format:
Total:	S$		3) Survey fee:

FINAL PAYMENT Date/Time: Global Sum S$: Confirm with: Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)		Name 2:
Payee 3. (Strike if N.A.)	S$	Name 3:

ASS. REC. BY: _Marcus_

ASSIGNMENT

Veh No: SLJ2025X   **Yr Regn:** 2,12

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

    Truck / Trailer or _CA_ /

Make: Hyundai Elantra   **c.c** 159/

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

Sp.Reading 106269   **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: KMHDH41CMCU 417810

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:** 205/55-216

         R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or   Continental

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.	8/4/19

Survey held at

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

N/s Lf.

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

From: **Date:**

Estimated Cost:

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

To Inspect Vehicle No: SLJ2025X

at Workshop m/s Ccr. only

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: 33

IDAC Accident Rport: **Consistent? : Yes or No**

GIA / PR Seen: Ø   **Consistent? : Yes or No**

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

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

CA / REV / REP. / 24 HRS

       Vehicle: IN / OUT

Date: **Person Contacted:**

Date / Time	Action / Instruction
	27423539

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