INS. CASE OWNER:	CC ⁴ /EQI1900 6150 , T2 y63

LKK:
IDAC:

ASSIGNMENT

Surveyor: Taufikh.   DOI: 8/4/14   Date / Time : 8/4/14

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 4067Y.   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 5/4/14.   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**

SJJ 9661 L →

INSRS: Wah   INSRS: INSRS: INSRS:
WSP: Hong.   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		SJJ9661 L-4 GBB4067Y-4		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 + 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 ☐ Call ☐

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

(09/11/14) Surveyor Toufden   REF: Afleg EQ

ASSIGNMENT   SJJ966 L   COE 2028 Sep.

From:	Date: .4. 2019

Estimated Cost:

OD / 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.**

	N/S	O/S

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   3:30 pm

Vehicle: IN / OUT

Date: Person Contacted: Michael

Veh No: SJS966 L   Yr Regn: 2008 / Sep

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

Make: Mitsubishi Lancer   c.c 1499

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

Sp.Reading: 121251   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYSRCY2A84007835.

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 of 60R16.

Tyre Size: F: 205/60R16.

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.		D.O.I. 8/4/19	

Survey held at   Wah Hong

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

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

: 88 Toh Guan #01-57

Date / Time	Action / Instruction

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 ($) S + RS, SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:	
Transportation:	
TOTAL	