INS. CASE OWNER: CC 4/9th 1900 TO 79, Reas | IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 23/4/19 Date / Time : 23/4/19

Registered in Merimen: 23/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 7470 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 21/4/19 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**

SME 928 T → →

INSRS:
WSP: Rally Pitstop
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SME 9287 - x ; SME 7470 - 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 ☐ 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$		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:	

(08/11/17)

Surveyor:

REF: AIG

ASSIGNMENT

From: Date: 23/4/19

Estimated Cost:

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

To Inspect Vehicle No: SME 9 28T

at Workshop m/s Rally Pitstop

of 176 Sin Ming Drive #04-17

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Tenmee @ 91005500

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

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

CA / REV / REP. / 24 HRS (up)

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SME P28T Yr Regn: /

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

Make: Toy (A) Sienta c.c 1496

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

Sp.Reading 4857 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MHFZ281437 0005 6483

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: 185/50R16

R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	1/19	D.O.I.	23/4/19

Survey held at ✓

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

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

Date / Time	Action / Instruction
	GIA not ready

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	