INS. CASE OWNER: CC6 /LPC1900 7n5, Aeb3

LKK:
IDAC:

Surveyor: Adrian   DOI: m|4|ia   **ASSIGNMENT**

Date / Time : m|4|ia

Registered in Merimen:

Pre-assign / CCU / FTE

XD 8940D

Insured Vehicle No. :

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : m|4|ia.

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**

SMC 7n55k →

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: SM	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SMC 7n55k -4	YD8 40D -4	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$	(S x	days)			
Loss of Income (LOI):	S$	(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:	

Adrian

From:	Date:	Veh No: SMC 735SK Yr Regn: 2018 , July.

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: Make: **Mit Attrage.**   c.c **1193**

at Workshop m/s   Colour **Silver.**   A/C: Insured / Std / NI / NA

of   Sp.Reading **17396**   T/Radio: Insured / Std / NI / NA

Insured: Eng/No:

Policy No.   C/No: **MMBSTA13AJH 002486**

Claims No.   Gen. Cond: (Good)/ Fair / Poor / Burnt

Sum Insured: Excess: Steering: (Inorder)/ Jammed / Leaked / Burnt or

(Client's Record)   Brake: (Inorder)/ Jammed / Leaked / Burnt or

Make of Veh: Modi :   Nil / (S/Rim)/ STD A/Rim or

Tyre Size: F: **185/55 R15**

(Policy Condition)   R: **185/55 R15**

Remark: The veh had commenced its		N/S	O/S
repair at the time of inspection.			

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

TOYO / YOKO or

Bal. or Market Value:

	Front			Rear		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.	**06**	mm	R/Bal.	**06**	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.	**06**	mm	L/Bal.	**06**	mm
Est. Repairs: days Res.: Yes or No	D.O.A.			D.O.I.	**23/04/19.**	
Lum Sum: % 3 Val.: Yes or No	Survey held at	**SM.**				

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Loo Pac.
	mV :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S + RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	