INS. CASE OWNER: | CC 4, AIG 1900 7997, Agas | LKK: IDAC:

ASSIGNMENT

Surveyor: ump DOI: 7/5/19 Date / Time : 8/5/19
Registered in Merimen: 6/5/19

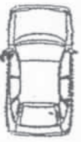
Pre-assign / CCU / FTE SGG3506T

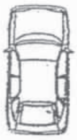
Insured Vehicle No. :		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/5/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

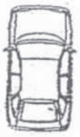
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SLF 3060H → → →


INSRS:
WSP: Ace Autofashion
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLF3060H . X ;
	SGG3506T . ccb / AIG1701688 4 / R1pb3q2 ; DOA: 18/08/17

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:	☐	☐

RELIMINARY ADVICE	Date/Time:	Sent By:	
NALIZATION	Date/Time:	Confirm with:	Confirm by:
pair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
NAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
nal Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
pair Cost:	S$		
ss of Rental (LOR):	S$ (days)		
ss of Use (LOU):	S$ ($ x days)		
ss of Income (LOI):	S$ ($ x days)		
R only ☐	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
A/LTA Search	S$		
edical:	S$		1) Claim status: Normal/Reject/Private Settle
isbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
gal Cost	S$		3) Survey fee:
tal:	**S$**	**Global Sum S$:**	
NAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
yee 1:	S$	Name 1:	
yee 2: (Strike if N.A.)	S$	Name 2:	
yee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor Adrian | REF: A1G

ASSIGNMENT

From: | Date: 7.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SLF 3060 H

at Workshop m/s Ace Autolution

of 13 Kaki Bukit Road 4 #03-29

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Morning

(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 mp"

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLF3060H Yr Regn: 2016 / August.

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

Make: Toyota Wish c.c 1798

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

Sp.Reading 66477. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDG620W 70 J004809.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	07/05/19.	

Survey held at Ace Autolution.

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
	TP A1G.

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