INS. CASE OWNER: CC³ /III1900 8958 , Keboh.

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth.   DOI: 17|5|19   Date / Time: 13|5|19.

Registered in Merimen: 14|5|19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1441T.

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 9|5|19.

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

Claim No. :

Policy No. :

Make / Model :

Place 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**

SHC 5595J. →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TRANS	WSP:	WSP:	WSP:
Tel : CAb.	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

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:

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:	

ASS. REC. BY: _____ REF: IV / 1

Kenneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

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

To Inspect Vehicle No: _____
at Workshop m/s _____ Trans Cab
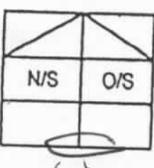of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of Inspection.

Bal. or Market Value: _____
IDAC Accident Rport: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 01 days   Res.: Yes or No
Lum Sum: 20 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: SHC 5525 J   Yr Regn: 08, 14
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
Truck / Trailer or
Make: Renault Latitude   c.c 1995
Colour: M White / Blk   A/C: Insured / Std / NI / NA
Sp.Reading 616168   T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VF1ABL15AUC 278866
Gen. Cond: (Good) / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: (NIL) / S/Rlm / STD A/Rlm or
Tyre Size: F: 215/60R16
R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A. 8/5/19		D.O.I. 13/5/19	

Survey held at _____
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
1	File pass to

Date/Time, File Pass to? [ ] : Prell. Report
1) _____   [ ] : Final Report
Date/Time, File Return to?
2) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

Report Format :
Lump Sum / I.B.I: ($

Add Fee: [ ] : Site Insp ($)
         [ ] : Interview ($)
         [ ] : Tech Invs ($)
         [ ] : Weekend ($)

Survey Fee: _____
Transportation: _____
S + RS. ___ SI
Photos _____
Others _____

TOTAL _____