		LKK:
INS. CASE OWNER:	CC4 /AIG1900 8646, A 463.	IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 15/4/09.   Date / Time: 14/5/09

Registered in Merimen: 15/5/09.

Pre-assign / CCU / FTE

Insured Vehicle No.	: SLB 9669 J	Claim No.	:
Name of Insured	:	Policy No.	:
Insured Tel No.	: HP:	Make / Model	:
Excess Sec II :S$	D.O.A : 10/4/09	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**

SJV 817B →

INSRS: WSP: JHK Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			STAGE	DATE / PIC
	SJV817B — X	SLB9669J. X	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:	
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	
			Others:	

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

ASSIGNMENT

From: Date: 15.5.2019	Veh No: SJV817B. Yr Regn: 2013, Jan.

Estimated Cost:

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

To Inspect Vehicle No: SJV 817B

at Workshop m/s Joo Hak Kee

of Blk 3007 ubi road 1 #01 406

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10.00 a.m

(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   "up"

              Vehicle: IN / OUT

Date: Person Contacted:

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

Truck / Trailer or

Make: BMW 520i   c.c 1997

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

Sp.Reading 129399   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAXG 12050DX 57811

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: 245/45R18

         R: 245/45R18

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. 15/05/19	

Survey held at   JHK

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?	☐ : Preli. Report	Days Of Repair:	
1)	☐ : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)	Add Fee: ☐ : Site Insp ($)		__S+RS,__SI
	☐ : Interview ($)		Photos
Report Format :	☐ : Tech. Invs ($)		Others
Lump Sum / I.B.I: ($)	☐ : Weekend ($)		
			TOTAL