| INS. CASE OWNER: | CC⁵ / ⁰ᴵᴵ 1900 ⁹ᴵ⁶⁰ / J ᴺᵘˢ | IDAC: |

Surveyor: **OHJ**   DOI: **23/8/19**   Date / Time : **23/8/19**

ASSIGNMENT

Registered in Merimen : _____

Pre-assign / CCU / FTE
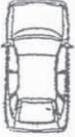
Insured Vehicle No. : **Ym 3446m**

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ _____ D.O.A : **14/8/19**

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

SMB 326 X →
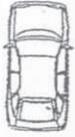
	INSRS:		INSRS:		INSRS:		INSRS:
WSP: **SMB7.m**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
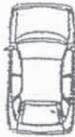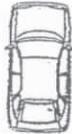
Date/ Time

SMB 326 X — X ;   Ym 3446m — 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: Confirm by:

FINALIZATION Date/Time: Confirm with: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

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:	

Surveyor **Hwee Jie**   REF: **CT/**

From: _____ Date: _____	Veh No. **SMB326X** Yr Regn: **1 Nov 2012**
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: **Mar A22** c:c **10518**
at Workshop m/s· _____	Colour _____ A/C: Insured / Std / NI / NA
of _____	Sp.Reading _____ T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: **—**
Policy No. _____	C/No: **WMAA22225CT001459**
Claims No. _____	Gen. Cond: (Good)/ Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: (In order)/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: (In order)/ Jammed / Leaked / Burnt or
Make of Veh: _____	Modi : Nil / (8/Rim)/ STD A/Rim or _____
	Tyre Size: F: **275/70R22.5**
(Policy Condition)	R: **—**

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

	N/S	O/S

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

Front		Rear	
Bal. or Market Value: _____			
IDAC Accident Rport: _____ Consistent? : Yes or No	R/Bal. **7** mm	R/Bal. **7/7** mm
GIA / PR Seen: _____ Consistent? : Yes or No	L/Bal. **7** mm	L/Bal. **7/7** mm
Est. Repairs: _____ days Res.: Yes or No	D.O.A. **14/5/18**	D.O.I. **23/5/19**
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at **Swrt**	

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

Date/Time. File Pass to?   [ ] : Preli. Report

Days Of Repair: _____

1)
Date/Time. File Return to?   [ ] : Final Report

Resurvey No. of Trip: _____   Survey Fee: _____

Transportation:

2)   Add Fee: [ ] : Site Insp ($)   ) __S + PS.__SI

[ ] : Interview ($)   ) Photos

Report Format :   [ ] : Tech. Invs ($)   ) Others

Lump Sum / I.B.I: ($ [ ] : Weekend ($)

TOTAL