15/5/2010

INS. CASE OWNER: | CC 3 / ASM 190 10556 / K pa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: _Kenneth_ DOI: 13/6/19 Date / Time: 13/6/19

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5450 R

Name of Insured : Ucas Svs Ptl

Insured Tel No. : ____ HP: ____

Excess Sec II :S$ 5,000 00 D.O.A: 12/6/2019

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**

SHC 5426 L → ____ → ____ → ____ → ____
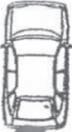
INSRS: Mms.Car	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SHC5426L - MR/AW/70 746a/13 ; DOA: 9/11/17
SHC5950R - X

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:	☐

| **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 ☐ 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 + 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:	

ASSIGNMENT

Kenneth

From:	Date:	

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s   Trans Cob

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: 2½ days   Res.: Yes or No

Lum Sum: 20 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Veh No: S1C 5426L   Yr Regn: 11, 14

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

Make: Renault Loritude   c.c   1995

Colour M. White/Rw   A/C: Insured / Std / NI / NA

Sp.Reading 55988   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL15AUC 279847

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: 215/60R16

          R:

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

Front			Rear		
R/Bal.	9	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A. 12/6/19			D.O.I. 13/6/19		

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S R1

The U/C / Chassis frame / Body Structure affected due to collision.

Vehicle: IN / OUT

Date / Time	Action / Instruction
/	File pass to
	Wkp 8 400d

Date/Time, File Pass to?   ☐ : Prell. Report

1)

Date/Time, File Return to?   ☐ : Final Report

2)

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

_ S + RS._ SI

Photos

Others

TOTAL