15/5/2010

INS. CASE OWNER: CC4 / III 19010650 / Page 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RBT DOI: 17/6/19 Date / Time : 17/6/19

Registered in Merimen: 17/06/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3535 M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 13/06/2019 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**

SHC 3820U → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chunni Motor	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 3820U - CC3/AIG1101 8939/H1b1+62 - DOA 09/09/2011
	- CC4/ AXA 15016164/M1wb3q2 - DOA 22/09/2015
	SHD3535M - NJA/INC10011598/J1 - DOA 14/06/2010

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)		
OR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
A/LTA Search	S$		
edical:	S$		1) Claim status: Normal/Reject/Private Settle
sbursement:	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:	

REF:

ASSIGNMENT

OE 2022 Dec

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 3820 U Yr Regn: Dec 2014

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

Truck / Trailer or

Make: Hyundai I40 c.c 1685

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

Sp.Reading 649570 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDDU377718

C/No: KMHLB41UMFU062653

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front		Rear	
P/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm

D.O.A. 13/06/2019 D.O.I. 17/06/2019

Survey held at Chunni AMK

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

N/S Front

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

Date / Time	Action / Instruction
	TU SHD 3535 M

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: $ + RS, SI

Photos

Others

TOTAL