15/5/2010

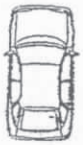
INS. CASE OWNER: CC4/III 190 10696 / PM 993 | LKK: | IDAC:

ASSIGNMENT

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

Registered in Merimen: 17/06/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8011Z

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 15/06/2019

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. :

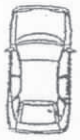
Make / Model :

Place of Accident :

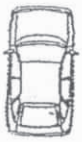
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

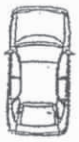
XE 320R → → →



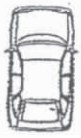
INSRS:
WSP: Complete VMS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	XE320R - CC2/MID A18012959/Gjq2 - DOA 21/06/2018
	- CS/FC1190 10195/Atd3 - DOA 06/06/2019
	SH8042 - CC6/III 16007302/G293n2 - DOA 17/04/2016
	- CC3/UI 14024218/K1bk3 - DOA 29/12/2014

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:	
'INALIZATION	Date/Time:	Confirm with:	Confirm by:
epair Cost:	S$ (days) Reduction: %		Email Call
'INAL SETTLEMENT	Date/Time:	Confirm with	Email Call
inal Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
epair Cost:	S$		
oss of Rental (LOR):	S$ (days)		
oss of Use (LOU):	S$ ($ x days)		
oss of Income (LOI):	S$ ($ x days)		
OR only LOU only	LOR + LOU LOR + LOI	[Tick only one]	
IA/LTA Search	S$		
edical:	S$		1) Claim status: Normal/Reject/Private Settle
isbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
gal Cost	S$		3) Survey fee:
otal:	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:	

ASS. REC. BY: Farm | REF: III | 1700E COE EXPIRY: 2023/Jan

ASSIGNMENT

From: | Date: 17/6/19

Estimated Cost:

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

To Inspect Vehicle No: XE 320R

at Workshop m/s

of 14 tampines Ind. Drive

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 1.30pm - 2pm Darren @ 83332118

(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:

Veh No: XE 320R | Yr Regn: 2008 / Jan

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

Make: NISSAN CWB45CLPHNB | c.c 13074

Colour Yellow | A/C: Insured / Std / NI / NA

Sp.Reading 510 233 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: CWB4CLP00098

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: 295/80R22.5

R: 2/P

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	15/06/19	D.O.I.	17/06/19

Survey held at 14, tampines Ind Dr

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

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	