15/5/2010

INS. CASE OWNER: CC 3/AIG1901 1077, Jhb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: HJ.   DOI: 21/6/19   Date/Time: 21/6/19.

Registered in Merimen: 24/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMK 22067

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 16/6/19.

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 3611C ⟶

INSRS:
WSP:
Tel : SMRT
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMB3611C — 1	SMK22067 — A	

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:

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:				

ASS. REC. BY: Hwee Zhe   REF   ANG

ASSIGNMENT

From: _____ Date: _____	Veh No: SMB 3611C Yr Regn: 1 Oct 2015
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: AD Enviro 500 c.c 8849
at Workshop m/s _____	Colour: multi colour A/C: Insured / Std / NI / NA
of _____	Sp.Reading: 247791 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: —
Policy No. _____	C/No: SFD76CLR5FMTL4093
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 / (S/Rim) / STD A/Rim or _____
	Tyre Size: F: 305/70 R22.5
(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

Bal. or Market Value: _____	**Front**		**Rear**
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. 16/6/19		D.O.I. 21/6/19
Lum Sum: _____ % 3 Val.: Yes or No	Survey held at Surt		

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) _____

☐ : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
_S + RS _SI	
Photos	
Others	
TOTAL	

Report Format : _____

Lump Sum / I.B.I: ($ _____)