CC 31 AIG190 11635 1   ha3

	LKK:
	IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:	DOI:	Date / Time : 1/7/19
		Registered in Merimen: 1/7/19

Pre-assign / CCU / FTE
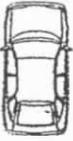
Insured Vehicle No. : SJG 2742Z	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 29/6/19	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :
If **NO**, Driver Name / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO)	Insured Liability : % **Final ?** Yes / No

SMB 1942 U → → → →

INSRS: WSP: Premium Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SMB 1942U SJG 2742Z X	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:		

(25~~~)
ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

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: days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

           Vehicle: IN / OUT

Date: Person Contacted:

Veh No: **SME 1942U.**   Yr Regn: **2018 Sept.**

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

Make: **Audi A4 Sedan.**   c.c **1984**

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

Sp.Reading **10455.**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **WAUZZZF41JA232188**

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: **205/60R16**
         R: **205/60R16.**

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

Front		Rear	
R/Bal.	**06** mm	R/Bal.	**06** mm
L/Bal.	**06** mm	L/Bal.	**06** mm
D.O.A.		D.O.I.	**04/07/19.**

Survey held at   **Premium .**

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
	TP AIG .
	mV :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			__ S + RS, __ SI	
5)	6)			Photos	
Preli. Report:				Others	
Final Report:				TOTAL	