15/5/2010

INS. CASE OWNER: | CC 4/III1901 1691, Kwbb | LKK:
| | IDAC:

Surveyor: KSC DOI: √/7/4 **ASSIGNMENT** Date / Time: 2/7/19
Registered in Merimen: √/7/19

Pre-assign / CCU / FTE SH 8215 C

Insured Vehicle No. : | Claim No. :
Name of Insured : | Policy No. :
Insured Tel No. : HP: | Make / Model :
Excess Sec II :S$ D.O.A : 30|6|14. | Place of Accident :
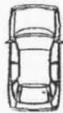Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SLM 3083E →

INSRS: | INSRS: | INSRS: | INSRS:
WSP: Esteem. | WSP: | WSP: | WSP:
Tel : | Tel : | Tel : | Tel :
Liability : | Liability : | Liability : | Liability :
RMKS: | RMKS: | RMKS: | RMKS:

Date/ Time	SLN 708ME—X	SH 8215C—X	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 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$	(S x days)	
Loss of Income (LOI):	S$	(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:	

REF: Tl1 /

Kenneth

ASSIGNMENT

From:	Date:

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   *Esteem*

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: O2 days   Res.: Yes or No

Lum Sum: 1-B,1 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____   Vehicle: IN / OUT

Veh No: SCM 3083E Yr Regn: 03, 17

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

Make: Toy Prius   c.c 1798

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

Sp.Reading 175558   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103554516

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15
            R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A. 30/6/19		D.O.I. 2/7/19	

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Fra o/s Fri

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

N/S | O/S

Date / Time	Action / Instruction
1	Fil pass To

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

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lum Sum / I.B.I: (S

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. ___ SI

Fotos _____

Others _____

TOTAL _____