CC 4, III 190 12445, K wa3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KSC

DOI: 15/07/2019

Date / Time : 15/07/2019

Registered in Merimen: 15/07/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2582M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 13/07/2019

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)
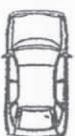
Insured Liability : % Final ? Yes / No

SJK 8864 U → → → →

INSRS:	INSRS:	INSRS:	INSRS:	
WSP: cheng Hoe	WSP:	WSP:	WSP:	
Tel :	Tel :	Tel :	Tel :	
Liability :	Liability :	Liability :	Liability :	
RMKS:	RMKS:	RMKS:	RMKS:	

Date/ Time		STAGE	DATE / PIC
	SJK8864U - CU4/III 60 13527 / Kug242 ; DOA 20/7/16	Non-Reporting ltr (1st):	
	- CS/FU 170 10070 / Kah3K2 ; DOA: 19/5/18	Non-Reporting ltr (2nd):	
	SHC 2582M - U2/IIIR 180 130 74 / Kwa242 ; DOA W7X18	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:	

Kenneth

ASSIGNMENT

From:	Date:	Veh No: SJK 8864u	Yr Regn: 11, 08

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s   Cheng Idoe

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: 20 %   3 Val.: Yes or No

CA / REV / REP / 24 HRS
    11/23

Date: Person Contacted:

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

Truck / Trailer or   MPV

Make: Honda Stream   c.c 1799

Colour: M. Grey   A/C: Insured / Std / NI / NA

Sp.Reading 225043   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RN6 1084665

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   205/65R13

Tyre Size: F: R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A. 13/7/19		D.O.I. 15/7/19	

Survey held at

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
/	File pass to

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

1)   [ ] : Final Report

Date/Time, File Return to?

2)

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

_ S + RS._ SI

Photos

Others

TOTAL

Report Format :

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