15/5/2010

INS. CASE OWNER: Sashe   CC ✔/ ASM AXA 1901 2553, U wbh   LKK: IDAC:

Surveyor: marcus   **ASSIGNMENT**   DOI: 16/7/19   Date / Time: 16/7/19.

Registered in Merimen: _____

Pre-assign / CCU / FTE

SHO 460P.

Insured Vehicle No. : _____   Claim No. : SMO2TRCL 1768 2P

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ D.O.A : 8/7/19.   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**

GBF 3539m ⟶   _____ ⟶   _____ ⟶   _____ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Un's	WSP:	WSP:	WSP:
Tel : Bro	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	GBF343m—X	SHO460P—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 + 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 ☐   Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _GBF 3539M_

at Workshop m/s _Iw's BD_

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: _2_   Consistent? : Yes or No

Est. Repairs: ____ days   Res.: Yes or No

Lum Sum: ____ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: _GBF 3539M_ Yr Regn: _9/16_

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

Truck / Trailer or _(M)_

Make: _Toyota Hiace_   c.c _2982_

Colour _Blue_   A/C: Insured / Std / NI / NA

Sp.Reading _90485_   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _KDH 2018021763_

Gen. Cond: (Good)/ Fair / Poor / Burnt

Steering: (In order)/ Jammed / Leaked / Burnt or

Brake: (In order)/ Jammed / Leaked / Burnt or

Modi : (Nil)/ S/Rim / STD A/Rim or

Tyre Size: F: _198 R15_

R: _____

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

	N/S	O/S

	Front		Rear	
R/Bal.	6	mm	6	mm
L/Bal.	6	mm	6	mm

D.O.A. _8/7/19_   D.O.I. _6/7/19_

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
_Lf O/S_

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

48

1196

Vehicle: IN / OUT

Date / Time   Action / Instruction
LTA 3504

Date/Time, File Pass to?   ☐ : Preli. Report
1)   ☐ : Final Report
Date/Time, File Return to?
2)

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
___ S + RS ___ SI
Photos
Others

TOTAL