

INS. CASE OWNER:

СС 4, КМД 190 13130, 0 па3

LKK:
IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 861154572

Name of Insured :

Insured Tel No. : _____ HP: _____

Excess Sec II :SS D.O.A: 27/7/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

51A 3808 S



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SAA 38065 - 02/ CAN 600 8590 / Hwa3nr ; 009: 20/5/15	Non-Reporting ltr (1st):	
- 03/ CAN 1 4017842 / Migm3nr ; 009: 11/9/14	Non-Reporting ltr (2nd):	
SAT 89577 - 03/ CAN 1 70 20068 / Flybnr ; 009: 14/10/17	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:						

REF:

ASSIGNMENT

CBE March 2023

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. _____

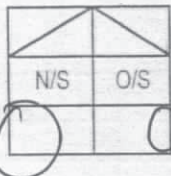
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHIA 3808 S Tr Regn: 2015 MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 502199 T/Radio: Insured / Std / NI / NAEng/No: D4FDEU476035C/No: KMHLB41UMFU064728Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: — 11 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 23/07/2019 D.O.I. 25/07/2019Survey held at Chunni AMK

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

N/S Rev 7 O/S Rev

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

Date / Time

Action / Instruction

FWD SGI 8957Z

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

S + RS _____ SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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

TOTAL