INS. CASE OWNER:	CC 6, CTI 190 13464, U d43.	LKK:
		IDAC:

ASSIGNMENT

Surveyor: MARcus   DOI: 18/19.   Date / Time: 18/19.

Registered in Merimen: _____

Pre-assign / CCU / FTE

YP1122U

Insured Vehicle No. : YP1122U   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 27/3/2019   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

GW 6537A →   →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Lim	WSP:	WSP:	WSP:
Tel : Brother	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time				STAGE	DATE / PIC
	GW6537A - X	YP1122U - 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:	

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GW 6537A
   N/S Rro

at Workshop m/s

of   VP11224

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: 20k.

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   196N

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

Veh No: GW 6537A   Yr Regn: 9 / 03

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

Truck / Trailer or CM7

Make: Toyota hiace   c.c 2986

Colour: white   A/C: Insured / **Std** / NI / NA

Sp.Reading 396987   T/Radio: Insured / **Std** / NI / NA

Eng/No:

C/No: LH1621009478

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: 185 R14

       R:

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

TOYO / YOKO or

Front		Rear	
R/Bal. 5	mm	R/Bal. 5	mm
L/Bal. 5	mm	L/Bal. 5	mm
D.O.A. 27/7/19		D.O.I. 2/8/19	

Survey held at _____

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

Rf O/S

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

Date / Time   Action / Instruction

LTA 12880 cue 31-7-2023

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: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($ _____) __S + RS,__SI

     ☐ : Interview ($ _____) Photos

     ☐ : Tech. Invs ($ _____) Others

     ☐ : Weekend ($ _____)

TOTAL