INS. CASE OWNER:	Pida	CC4/III19014146/Dpa3	LKK: IDAC:

ASSIGNMENT

Surveyor:	**ABT**	DOI: 14/8/19	Date / Time : 14/8/2019

Registered in Merimen: 14/8/19

Pre-assign / CCU / FTE
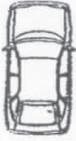
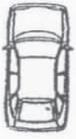|	
Insured Vehicle No. : SH 9101R	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 10/8/2019	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :
If **NO**, Driver Name / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SHC 2396J

INSRS: WSP: CHnm Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 2396J - CC3/CTI16017793/M1hg3n2 ; DOA : 20/9/19	Non-Reporting ltr (1st):	
	SHC 2396J - CS/FCI16010922/M1th3m2 ; DOA : 11/06/19	Non-Reporting ltr (2nd):	
	SHC 2396J - NS/INC16006143/H1qbn2 ; DOA : 03/04/16	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	SH 9101R - NA/INC19006476/h4 ; DOA : 23/03/19	Call OI:	
	SH 9101R - CS/TMI18004620/K1td3e2 ; DOA : 09/03/19	After call ltr to OI:	
	SH 9101R -CC3/ICS17012484/Gea3q2 ; DOA : 23/06/17	**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:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

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

Est. Repairs: **12** days Res.: **Yes** or **No**

Lum Sum: **20** % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

COB Sept 2021

Veh No: **8HC 2396 J** Yr Regn: **Sept 2013**

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

Make: **Hyundai I40** c.c **1685**

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

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

Eng/No: **D4FDEU479924**

C/No: **KMHLB41UMDU041635**

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: **205/60 R16**
         R: **— 11**

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

Front		Rear	
R/Bal. **5** mm		R/Bal. **5** mm	
L/Bal. **5** mm		L/Bal. **5** mm	

D.O.A. **10/08/2019** D.O.I. **14/08/2019**

Survey held at **Chunni AMK**

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

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

Date / Time	Action / Instruction
	III — SH 9101R

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	
Report Format :	☐ : Tech. Invs ($ ___)	Others	
Lump Sum / I.B.I: ($ _____)	☐ : Weekend ($ ___)		
			TOTAL