

INS. CASE OWNER:

CC4/AIG19014465/ *R1 ea3*

LKK:
IDAC:

Surveyor: *Mfem*

ASSIGNMENT
DOI: *20/8/19*

Date / Time: 19/08/2019
Registered in Merimen: 19/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 9073U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/08/2019

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

SBS 6404E → → → → →



INSRS:
WSP: **TOWER**
Tel: **TRANSIT**
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	SBS 6404E - X	SLM 9073U - X	STAGE	DATE / PIC
			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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

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: _____

ASS. REC. BY: Ross

REF: ALG

417k

ASSIGNMENT

From: _____ Date: 20/8/19

Veh No: SBS 6404E Yr Regn: 2013 / July

Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV

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

To Inspect Vehicle No: SBS 6404E
at Workshop m/s Tower Transit
of 21 Bulim Drive

Make: MERCEDES BENZ CITARO 0530 c.c. 6324
Colour GREEN A/C: Insured / Std / NI / NA
Sp. Reading 362478 T/Radio: Insured / Std / NI / NA

Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: After 1pm

Eng/No: _____
C/No: WEB 6280832325105
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

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Tyre Size: F: 275/70R22.5
R: 2 - 8/10
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Bal. or Market Value: _____
IDAC Accident Rpt: _____ 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

Front Rear
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. 03/08/19 D.O.I. 20/08/19
Survey held at TOWER TRANSIT

CA / REV / REP. / 24 HRS 1up
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S REAR
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

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

Days Of Repair: _____
Resurvey No. of Trip: _____

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

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

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	