

INS. CASE OWNER:

CC6/CTI19014841/Aha3

LKK:

IDAC:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **22/08/2019**Date / Time: **22/08/2019**Registered in Merimen: **—**

Pre-assign / CCU / FTE

Insured Vehicle No. : **YN 3486S**Claim No. : **—**Name of Insured : **—**Policy No. : **—**Insured Tel No. : **—** HP: **—**Make / Model : **—**Excess Sec II :S\$ **—** D.O.A : **31/07/2019 12:15**Place of Accident : **ALONG PAYA LEBAR RD TURNING RIGHT**Is driver the owner? (YES / NO) Nature of Accident : **—****INTO PIE**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**SLR 9702L**INSRS:
WSP: **PEOPLE'S**
Tel : **VEHICLE**
Liability : **—**
RMKS: **—**INSRS:
WSP: **—**
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP: **—**
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP: **—**
Tel : **—**
Liability : **—**
RMKS: **—**

Date/ Time	STAGE		DATE / PIC
PA 8627U	- NA/CTI19013422/r3; DOA:31/7/19		
YN 3486S	- CC6/AIG14012216/Asa3q2; DOA:29/6/14		
	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:	
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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		2) Report Format:
			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:	

ASS REC. BY:

REF:

Adrian

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. _____

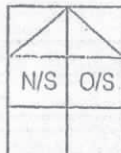
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

CA / REV / REP. / 24 HRS

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

Veh No: SLR9702L Yr Regn: 2008 / JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C200 C.C. 1796Colour: Grey A/C: Insured / Std / Nil / NASp. Reading 139613 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDD2040412A150351Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 22/08/19Survey held at PeopleDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP ChimerCOE Expiry: 29/02/28MV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL