				LKK:
INS. CASE OWNER:		CC 3/CTI1901 6243, KKb3.		IDAC:

Surveyor:	Kenneth	**ASSIGNMENT** DOI: 11/9/09	Date / Time : 13/9/09.

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBB 6803 B.
Name of Insured :	
Insured Tel No. :	HP:
Excess Sec II :S$	D.O.A : 11/9/09.
Is driver the owner?	(YES / NO) Nature of Accident :

Claim No. :	
Policy No. :	
Make / Model :	
Place 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**

SHO 755P →

INSRS: Trans	INSRS:	INSRS:	INSRS:
WSP: Cnb.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHO755P - X	GBB6803B - 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:		
Post-Repair Photos:		
Others:		

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 + LO ☐ [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:	

Kenneth

ASSIGNMENT

From:	Date:	

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s   Trans Cab

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 05 days   Res.: Yes or No

Lum Sum: 1-B.1 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SHD 755P   Yr Regn: 12, 17

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

Truck / Trailer or

Make: Renault Latitude   c.c 1995

Colour: M. White / Red   A/C: Insured / Std / NI / NA

Sp.Reading 163351   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABL 15AUC 283418

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: Sailun 215/80R16

      R: Giti

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	11/9/19	D.O.I.	12/9/19

Survey held at

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

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

N/S   O/S

Date / Time	Action / Instruction
/	File pass to
	8 6146.23

Date/Time, File Pass to?   ☐ : Prell. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp ($)

          ☐ : Interview ($)

          ☐ : Tech Invs ($)

          ☐ : Weekend ($)

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

Lump Sum / I.B.I: ($