

15/5/2010

INS. CASE OWNER:

CC 7 /AIG1901 6703, Fhbh.

LKK:

IDAC:

Surveyor: STEVE DOI: ASSIGNMENT 12/9/19 Date / Time: 13/9/19 Registered in Merimen: 16/9/19

Pre-assign / CCU / FTE



Insured Vehicle No.: SKW 5790K. Claim No.: Name of Insured: Policy No.: Insured Tel No.: HP: Make / Model: Excess Sec II :\$\$ D.O.A.: 1staid. 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

SHB 9917



INSRS: WSP: Tel: Liability: RMKS: SMRT.



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Table with columns for Date/Time, STAGE, and DATE/PIC. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT with various sub-fields for costs, liability, and settlement details.

ASS. REC. BY: Steve

REF:

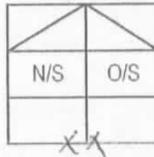
ASIG.

ASSIGNMENT

From: \_\_\_\_\_ Date: 13/9/19  
 Estimated Cost: \_\_\_\_\_  
 OD  TP  WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SHB 991J  
 at Workshop m/s SMRT  
 of Woodlands Depot  
 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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS (up)  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHB991J Yr Regn: 12/dec/2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Prius. c.c. 1797  
 Colour: Maroon A/C: Insured / Std / NI / NA  
 Sp. Reading: 234624 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDKB3FU303576128  
 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: 195/65R15  
 R: 195/65 R15  
 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. 12/09/2019 D.O.I. 13/09/2019  
 Survey held at SMRT  
 Des. 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
	09/19/2036
	Repair Day - 3 days
	SKW 5250K

Date/Time, File Pass to?  : Preli. Report  : Final Report

1) \_\_\_\_\_ Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / L.B.I: (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS, SI \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_