INS. CASE OWNER:	JIMMY FOO	CC3/AIG19016886/Kka3	LKK:
			IDAC:

ASSIGNMENT
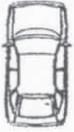
Surveyor: **KENNETH** DOI: 24/09/2019 Date / Time: 24/09/2019
Registered in Merimen: 25/09/2018

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKZ 2745D** Claim No. : **0726226266SG**

Name of Insured : **YAP BOON KIAT** Policy No. : **2100447999**

Insured Tel No. : HP: **+65-98336995** Make / Model : **SUBARU XV-2.0 (A)**

Excess Sec II :S$ D.O.A : 15/09/2019 06:15 Place of Accident : **CHANGI VILLAGE ROAD**

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**

SHD 5876R

INSRS:	INSRS:		INSRS:	INSRS:
WSP: **TRANS-CAB**	WSP:		WSP:	WSP:
Tel :	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time	SHD 5876R - CC3/LCR17011815/Khb3q2; DOA:15.06.17	STAGE	DATE / PIC
	- CS/TP15001414/Kqbk3; DOA: 21.01.15	Non-Reporting ltr (1st):	
	SKZ 2745D - CC4/AXA16020546/Kwb3s2; DOA: 25.10.16	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 + 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:	

ASS. REC. BY: **REF:** A161   16886166

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.

	N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____   Consistent? : Yes or No

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

Est. Repairs: 02 days   Res.: Yes or No

Lum Sum: 13.1 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S1105876R   **Yr Regn:** 01, 19

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

Make: Toy Pris   c.c 1798

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

Sp.Reading 111940   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU803079270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

       R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A. 15/8/19		D.O.I. 24/9/19	

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S R1

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

Date / Time	Action / Instruction
/	File pass to
	1202.83

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

Date/Time, File Return to?

☐ : Final Report

2) _____

Report Format :

Lump Sum / I.B.I: (S

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. ___ SI

Photos _____

Others _____

TOTAL _____