

Date/ Time			STAGE	DATE / PIC
	SUC967m-x	yph8v/c-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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
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:		

ATG

ASSIGNMENT

From: _____ Date: 2.10.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLR 9673L

at Workshop m/s: Guan Moto

of 176 sin ming drive #02-03

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mp

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

Veh No: SLR 9673L Yr Regn: 08 17

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

Truck / Trailer or Wagon

Make: Toy Picanto c.c. 1496

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

Sp. Reading: 25317 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: N18P170 7092690

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

Tyre Size: F: 185/60R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 30/9/19 D.O.L. 2/10/19

Survey held at ✓

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

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

Date / Time Action / Instruction

Date/Time: File Pass In?

☐ : Preli. Report

☐ : Final Report

Date/Time: File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Private:

Others:

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invt (\$

☐ : Wheel align (\$