

ASSIGNMENT

Surveyor: KENNETH

DOI: 07/10/2019

Date / Time : 07/10/2019

Registered in Merimen:

Pre-assign / CCU / FTE

 Insured Vehicle No. : YK 4527S Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 02/10/2019 19:35 Place of Accident : MARINE PARADE SLIP ROAD > ECP
 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

SKU 2916D

 INSRs: _____ WSP: WEI LEE
 Tel : MOTOR Liability : _____ RMKS: _____
 INSRs: _____ WSP: _____
 Tel : _____ Liability : _____ RMKS: _____
 INSRs: _____ WSP: _____
 Tel : _____ Liability : _____ RMKS: _____
 INSRs: _____ WSP: _____
 Tel : _____ Liability : _____ RMKS: _____

Date/ Time	STAGE	DATE / PIC
	YK 4527S - CC7/AIG11022322/M1puq2;DOA:26/10/11	
	SKU 2916D -CC3/AIG17021907/M1hb3q2; DOA:11/11/17	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
 Post-Repair Photos:

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)
 Legal Cost S\$ _____

Total: S\$ _____ **Global Sum S\$:** _____
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: _____
 3) Survey fee: _____

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: 0721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Wei Lu

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 Rpt: _____ Consistent?: Yes or No

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

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

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKU 2916D Yr Regn: OK 15

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

Truck / Traller or

Make: Toyota Alaris c.c. 1598

Colour: M. Brown A/C: Insured / Std / NI / NA

Sp. Reading: 80514 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053REH10.4 53758

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 205/55R16

R: _____

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

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 2/10/19

D.O.I. 7/10/19

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 015 151

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

Date / Time Action / Instruction

1 File pass to

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation: _____

S - RS, SI

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I: (\$ _____)