INS. CASE OWNER:	CC 4 /LPC1901 8378, t kb3 LKK: / IDAC:

ASSIGNMENT

Surveyor: Kenneth.   DOI: 17/10/19.   Date / Time : 16/10/19

Registered in Merimen: _____

Pre-assign / CCU / FTE
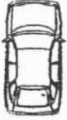
XD 4008Y.

Insured Vehicle No.	:	Claim No. :
Name of Insured	:	Policy No. :
Insured Tel No.	: HP:	Make / Model :
Excess Sec II :S$	D.O.A : 15/10/19	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :	

If **NO**, Driver Name / Age : _____
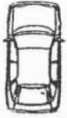
Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJY 2265P →

INSRS: city. WSP: Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SJY 2265P - x XD 4008Y - x	STAGE	DATE / PIC
		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$ 4,450 (5 days) Reduction: %		Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 12/5/2020 Confirm with: VRONICA   Email ✓ Cal [ ]

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia : 100
Repair Cost: (w/GST) S$ 4,761.50		Insured driver reversed and collided into TP vehicle
Loss of Rental (LOR)(w/GST) S$ 898.80 (7 days) X $120		
Loss of Use (LOU): S$ ($ x days)		
Loss of Income (LOI): S$ ($ x days)		
LOR only ✓ LOU only [ ] LOR + LOU [ ] LOR + LO [ ] [Tick only one]		
GIA/LTA Search S$ 2.00		
Medical: S$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S$		3) Survey fee: $400
Total: S$ 5,662.30	**Global Sum S$:**	

FINAL PAYMENT Date/Time:	Confirm with:	Email [ ] Cal [ ]
Payee 1: S$ 5,662.30	Name 1: CITY AUTO PTE LTD	
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	

ASSIGNMENT

From: Date: **17/10/19**	Veh No: **SJY 2265P** Yr Regn: **08 / 10**

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

Truck / Trailer or   **MPV**

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

To Inspect Vehicle No: **SJY 2265P**

at Workshop m/s   **City Auto**

of   **160 Sin Ming Drive # 05-01**

Make: **Honda Stream**   c.c   **1798**

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

Sp.Reading   **318872**   T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: **JHMRN8609C200135**

Claims No. _____

Gen. Cond: ~~Good~~ / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: ~~Inorder~~ / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: ~~Inorder~~ / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Modi :   Nil / ~~S/Rim~~ / STD A/Rim or _____

Tyre Size: F: **225/45ZR17**

(Policy Condition)

R: _____

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

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

TOYO / YOKO or   **Kumho**

Bal. or Market Value: **$ 23k**

IDAC Accident Rport: _____ Consistent? : **Yes** or No

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

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

Lum Sum: **20** %   3 Val.: **Yes** or No

	Front		Rear	
R/Bal.	**8**	mm	**8**	mm
L/Bal.	**8**	mm	**8**	mm
D.O.A. **15/10/19**			D.O.I. **17/10/19**	

Survey held at _____ ✓

CA / REV / REP. / 24 HRS **hup**

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

Vehicle: **IN** / OUT

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	Handler Pls take Damage Photo Thanks.

Date/Time, File Pass to?   ☐ : **Preli. Report**   Days Of Repair: _____

1) _____   ☐ : **Final Report**   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Week end ($ _____)

Report Format : _____

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

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