INS. CASE OWNER:	CC 6/CTI1901 8556, Khbb LKK: IDAC:

ASSIGNMENT

Surveyor: _Kenneth._   DOI: 18 10 19   Date / Time: n/10/9

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : _____		Claim No. : _____
Name of Insured : _____		Policy No. : _____
Insured Tel No. : _____ HP: ___		Make / Model : _____
Excess Sec II :S$ ___ D.O.A : 17 10 19		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**

SME 9477.

INSRS: Guan WSP: motor Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		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:		

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:	

ASS. REC. BY:　　　　REF: C 72/

Kenneth

ASSIGNMENT

Left column:

From: _____　Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Cran

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.

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

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

Right column:

Veh No: SME 9871 J Yr Regn: 1

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

Make: Hyundai Accent　c.c 1368

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

Sp.Reading 22524　T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCU41BTKU450890

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: 175/70R14

　　　　　R: _____

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

	Front			Rear	
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm

D.O.A. 17/10/19　D.O.I. 18/10/19

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S 1st

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

Action table:

Date / Time	Action / Instruction
/	File pass to GIA not ready

Bottom section:

Date/Time, File Pass to? ☐ : Prell. Report
1) _____
☐ : Final Report
Date/Time, File Return to?
2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS.___ SI
Fotos
Others

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

TOTAL _____