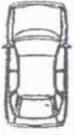|		
INS. CASE OWNER:	SALIHA	CC3/AIG19018926/R1ka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: RASUL   DOI: 04.11.2019   Date / Time: 24/10/2019
Registered in Merimen: 24/10/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJL 4335B**   Claim No. : 2023971161SG

Name of Insured : JIMMY LIM LAI SENG   Policy No. : 1900086526

Insured Tel No. :   HP: Make / Model : MERCEDES-BENZ GLC 250

Excess Sec II :S$ D.O.A : 19/10/2019   Place of Accident : BENCOOLEN STREET

Is driver the owner?   (YES / NO)   Nature of Accident :

If **NO**, Driver Name / Age : LIN XIAO CHEN   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96178335   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SLT 9596R ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:
WSP: **Performance**
Tel : **Motors**
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLT 9596R - X	SJL 4335B - 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:		

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 + 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:		

ASSIGNMENT

From: Date: 4.11.2019

Estimated Cost:

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

To Inspect Vehicle No: SLT 9596R

at Workshop m/s Perfor mance

of 303 Alexandra Road

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

"np"

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLT 9596R Yr Regn: 2017 / NOV

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

Make: B.M.W 216 I GT c.c 1499

Colour GREY A/C: Insured / **Std** / NI / NA

Sp.Reading 40487 T/Radio: Insured / **Std** / NI / NA

Eng/No:

C/No: WBA 2D920105E91454

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: 205/55R17

R:

	N/S	O/S

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

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 19/06/19		D.O.I. 04/11/19	

Survey held at PERFORMANCE

Des. of Damages : Frt / **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 to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / LBRC ( )

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Week end ($)

Survey Fee:

Transportation:

S + RS / SI

Photos

Others

TOTAL