

ASSIGNMENT

Surveyor:

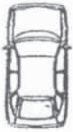
TAUFIKH

DOI: 04/11/2019

Date / Time : 04.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 2282D

Claim No. : SNM19D205169

Name of Insured : HAI SIA SEAFOOD PTE. LTD.

Policy No. : DMCVSN1818261901

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA DYNA 150-3.0 D (M)

Excess Sec II :S\$

D.O.A : 31.10.19 11:50

Place of Accident : ALONG ECP TOWARDS EXIT ROCHOR

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

If NO, Driver Name / Age : RAMANATHAN SRINIVASAN

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

Driver Tel No. : +65-84294883

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 2616U

INSRS:
WSP: PRIME AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 2616U - X	GBG 2282D -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\$	(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:		

ASS. REC. BY:

REF: 071

ASSIGNMENT

From:

Date:

4.11.2019

Estimated Cost:

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

To Inspect Vehicle No:

SHD 266V

at Workshop m/s

Prime Auto

of

6 Behos Place

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

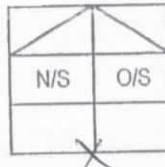
(Client's Record)

Make of Veh:

After 11.09.2019

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

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

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD26/64

Yr Regn:

2d 9 March

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

Truck / Trailer or

Make:

Toyota Aghard

C.C.

2493

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

76267

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

45H 300066700

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/65R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

4/4/19

Survey held at

Prime Auto

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)

Rep. Form:

Lump Sum / L.B. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL