15/5/2010

| CC **4**/AIG1902 **0380 , A h63** | LKK: |
| IDAC: |

INS. CASE OWNER:

Surveyor: _Dd\Man_   **ASSIGNMENT**   DOI: _18/11/19_   Date / Time : _18/11/19_

Registered in Merimen: _18/11/19._

Pre-assign / CCU / FTE

SMH 4377R.

Insured Vehicle No.   : _____   Claim No.   : _____

Name of Insured   : _____   Policy No.   : _____

Insured Tel No.   : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _atutta._   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**

GBF 9481L   →   _____ →   _____   _____ → _____

INSRS: _cDGF_	INSRS:	INSRS:	INSRS:
WSP: _Drackell_	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	_GBF9481L — X_	_SMH4377R — 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 + 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:	

CC **4**/AIG1902 **0380 , A h63**

ASSIGNMENT

From:	Date:
Estimated Cost:	

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

To Inspect Vehicle No:

at Workshop m/s

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 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
                              Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: **GBF 8481L.**   Yr Regn: **2017 / May.**

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

Make: **Nissan NV200**   c.c **1461**

Colour **Silver.**   A/C: Insured / Std / NI / NA

Sp.Reading **49499.**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **VSKYBAM20Z0138931**

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: **175/70 R14 C**
              R: **175/70 R14 C.**

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

Front		Rear	
R/Bal. **06**	mm	R/Bal. **06**	mm
L/Bal. **06**	mm	L/Bal. **06**	mm
D.O.A.		D.O.I. **18/11/19.**	

Survey held at   **Comfort (Ubi).**

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
	TP ALG.
	MV :
	PV :
	Nett :

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 ($)

Report Format :   ☐ : Interview ($)

Lump Sum / I.B.I: ($)   ☐ : Tech. Invs ($)

☐ : Week end ($)

Survey Fee:	
Transportation:	
_S + RS._SI	
Photos	
Others	
TOTAL	