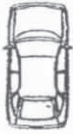


ASSIGNMENTSurveyor: **KENNETH**DOI: **25.11.2019**Date / Time : **25.11.2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YP 2203M**Claim No. : **19/19/19/VC05/022687**

Name of Insured : _____

Policy No. : **Z19VC05002263**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **22/11/2019**

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 8657Y**INSRS:
WSP: **CITY AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SME 8657Y - X	YP 2203M - 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:	%
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$			2) Report Format:
				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:

LPC/

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12

days

Res.: Yes or No

Lum Sum:

1-B1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SME 86574

Yr Regn:

10, 18

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

Truck / Traller or

Make:

Toy Priv

c.c

1788

Colour:

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

125842

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J70ZS3EU.10J034568

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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

17R1788

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

22/11/19

D.O.I.

23/11/19

Survey held at

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

N/S body & etc

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

Date / Time

Action / Instruction

1

File pass to
GIA & EM not ready

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

\$ + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$