

ASSIGNMENT

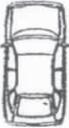
Surveyor: OSP

DOI: 25.11.2019

Date / Time : 25.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

	Insured Vehicle No. : <u>GBE 2543L</u>	Claim No. : _____
	Name of Insured : _____	Policy No. : _____
	Insured Tel No. : _____ HP: _____	Make / Model : _____
	Excess Sec II :SS _____ D.O.A : <u>21/11/2019 17:00</u>	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

SHC 4612Y

	INSRS: WSP: <u>SMRT, WL</u>		INSRS: WSP: _____		INSRS: WSP: _____		INSRS: WSP: _____
	Tel : _____		Tel : _____		Tel : _____		Tel : _____
	Liability : _____		Liability : _____		Liability : _____		Liability : _____
	RMKS: _____		RMKS: _____		RMKS: _____		RMKS: _____

Date/ Time	STAGE	DATE / PIC
	GBE 2543L - CS/CTI19020648/d3; DOA: 15.11.19	
	SHC 4612Y - CC4/AXA16023039/T1ya3q2; DOA:30.11.16	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	SS _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____	Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% _____	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
Repair Cost:	SS _____		
Loss of Rental (LOR):	SS _____	(_____ days)	
Loss of Use (LOU):	SS _____	(\$ _____ x _____ days)	
Loss of Income (LOI):	SS _____	(\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	SS _____		
Medical:	SS _____		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS _____	(e.g. Tow/ Independent)	2) Report Format: _____
Legal Cost	SS _____		3) Survey fee: _____
Total:	SS _____	Global Sum S\$: _____	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS _____	Name 1: _____	
Payee 2: (Strike if N.A.)	SS _____	Name 2: _____	
Payee 3: (Strike if N.A.)	SS _____	Name 3: _____	

ASS. REC. BY: Sun Pin

REF:

CTI

ASSIGNMENT

From: _____ Date: 25/11/19

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 4612Y

at Workshop m/s SMRT

of woodlands Depot

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 (up)

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

Veh No: SHC 4612Y Yr Regn: 27/8/2014
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Prius. c.c 1795

Colour: Maroon A/C: Insured / Std / NI / NA

Sp. Reading: 411436 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKN364105747826

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: 195/65 R15

R: 195/65 R15

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 21/11/2019 D.O.I. 25/11/2019

Survey held at SMRT.

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
	TAX/11/19/2019
	GIB 2543L

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____ S + RS, _____ SI

Photos _____

Others _____

TOTAL _____