15/5/2010

INS. CASE OWNER: | CC 4/AIG190 21629, RJ1613 | LKK: IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 9/12/19 Date / Time : 6/12/19
Registered in Merimen: 9/12/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 4503J Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S$ D.O.A : 4/12/19 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**

FBE 9993A → ____ → ____ → ____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Kar7	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : wo Acs	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			
	PRE 9993A } NR/IM/19/04560/24 DA: 4/12/19 SME 4503J }	**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:	

ASS. REC. BY: Ramu | REF: AIG | 2942

COE XPIRY: 2020/DEC

ASSIGNMENT

From: ______ Date: 9.12.2019

Estimated Cost: ______

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

To Inspect Vehicle No: FBE 9993A

at Workshop m/s Karz works

of 53 ubi Ave 1 #01-23

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: 68412475

(Policy Condition)

N/S O/S

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

Bal. or Market Value: 2.5K

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: FBE 9993A Yr Regn: 2010 / DEC

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

Make: HONDA CBF150 c.c 149

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

Sp.Reading: 89697 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: LALKC11A1A3077461

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: 2.75-18

R: 3.00-18

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

Front			Rear		
R/Bal.	3	mm	R/Bal.	3	mm
L/Bal.		mm	L/Bal.		mm
D.O.A.	04/12/19		D.O.I.	08/12/19	

Survey held at KARZ WORKS

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 / 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	