INS. CASE OWNER:		CC⁶ /AIG190 21914 , Ad63	LKK:
			IDAC:

ASSIGNMENT

Surveyor: Adrian   DOI: 11/1V/19   Date / Time : 11/1V/19

Registered in Merimen: 1V/V/19

Pre-assign / CCU / FTE

SMD 6803K

Insured Vehicle No. : SMD 6803K	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 11/1V/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**

SLT 7897T →

INSRS: Mb	INSRS:	INSRS:	INSRS:
WSP: solution	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		SLT 7897T } NA(Thr119 in S77(h.DNA=11/11/19	STAGE	DATE / PIC
		SMD 6803K }	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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: REF:

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 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   **SLT 2897T.**   Yr Regn: **2017 / Oct.**

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

Make: **Toyota CHR.**   cc **1797**

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

Sp.Reading **206997.**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **ZYX102069882**

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **215/55 R17.**
             R: **215/55 R17.**

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

Front			Rear		
R/Bal.	**06**	mm	R/Bal.	**06**	mm
L/Bal.	**06**	mm	L/Bal.	**06**	mm
D.O.A.			D.O.I.	**11/12/19.**	

Survey held at   **MG Solution.**

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

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

N/S O/S

Date / Time	Action / Instruction
	TP ALG.
	MV :
	PV :
	Nett.

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

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / LB B G

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($
          ☐ : Interview ($
          ☐ : Tech. Invs ($
          ☐ : Week end ($

Survey.Fee:	
Transportation	
S + RS SI	
Photo	
other	
TOTAL	