	LKK:
INS. CASE OWNER:	IDAC:

CC6/CTI20000001/Uha3

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 31/12/2019   Date / Time: 31/12/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : **GR 9028J**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 31/12/2019   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**

SMA 7720A ——→   ——→

INSRS: WSP: **FASTECH** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SMA 7720A - X	GR 9028J - 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:		

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 + LOI ☐   **[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: *Marcus*

REF: *CT1/*

ASSIGNMENT

From:	Date:

Estimated Cost:

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

To Inspect Vehicle No: *SMA7720A*

at Workshop m/s *fl.*

of

Insured: *GR 9028Y*

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. *38k.*

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   *LYA2963Y*

           Vehicle: IN / OUT

Date: Person Contacted:

Veh No: *SMA7720A*   Yr Regn: */09*

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

Make: *Honda Fit*   c.c *1339*

Colour *Grey*   A/C: Insured / Std / NI / NA

Sp.Reading *226699*   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: *GE61158269*

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: *205/50 n16*
        R:

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

Front		Rear	
R/Bal. *6*	mm	R/Bal. *6*	mm
L/Bal. *6*	mm	L/Bal. *6*	mm
D.O.A. *31/12/19*		D.O.I. *31/12/19*	

Survey held at

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

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

N/S	O/S

Date / Time   Action / Instruction

     coe – 31·8·2018   5yrs Sub.

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