

INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **03/01/2020**Date / Time : **03/01/2020**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBA 2332A**

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****SHB 9946G**INSRS:  
WSP: **TRANS-CAB**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time   | STAGE  | DATE / PIC   |
|--|--|--|
|  | SHB 9946G - CS/FCI18016807/Kqbe2; DOA:5.9.18 |  |
|  | GBA 2332A - NA/DAI13012590/r3; DOA: 10.07.13 |  |
|  | Non-Reporting ltr (1st):                     |  |
|  | Non-Reporting ltr (2nd):                     |  |
|  | Non-Reporting ltr (Final):                   |  |
|  | Notification ltr (if non-pickup):            |  |
|  | Call OI:                                     |  |
|  | After call ltr to OI:                        |  |
|  | <b>Documentation Check List:</b>             | <b>Handler</b> <b>Typist</b>                                 |
|  | 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"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time:   | Sent By:                                     |  |
| <b>FINALIZATION</b> Date/Time:   | Confirm with:                                | Confirm by:  |
| Repair Cost: <b>L/S</b> S\$ 1,200 ( days) Reduction: %   |  | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time:   | Confirm with                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. :  |  | If NO or B 28, Ass. Lia :                                    |
| Repair Cost: (W/GST) S\$ 1,284.00  |  |  |
| Loss of Rental (LOR): S\$ 324.52 ( 4 days) X \$81.13   |  | PIR AGAINST OI. CTI SETTLED INJURY CLAIM                     |
| Loss of Use (LOU): S\$ (\$ x days)   |  |  |
| Loss of Income (LOI): S\$ (\$ x days)  |  |  |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |  |  |
| GIA/LTA Search S\$ 7.45  |  |  |
| Medical: S\$   |  | 1) Claim status: Normal/Reject/Private Settle                |
| Disbursement: S\$ (e.g. Tow/ Independent )   |  | 2) Report Format:  |
| Legal Cost S\$   |  | 3) Survey fee:   |
| <b>Total:</b> S\$ 1,615.97   | <b>Global Sum S\$:</b>                       |  |
| <b>FINAL PAYMENT</b> Date/Time:  | Confirm with:                                | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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: CTZ/

283/14

## 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:

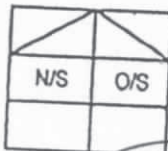
Excess:

(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:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 99466

Yr Regn:

09, 13.

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1995

Colour

m. White 1Rw

A/C:

Insured / Std / NI / NA

Sp. Reading

808811

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VFIABL15AUC 273368

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

Pailun

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

31/12/19

D.O.I.

3/1/2020

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

1 File pass to

L1 Sup @ 120d

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Report Format :

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

TOTAL