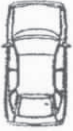


INS. CASE OWNER:

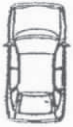
CC3/LPC20000340/Fka3

LKK:

IDAC:

ASSIGNMENTSurveyor: RAMDOI: 02/01/2020Date / Time : 02.01.2020Registered in Merimen: **Pre-assign / CCU / FTE**Insured Vehicle No. : SJS 6823JClaim No. : Name of Insured : Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :S\$ D.O.A : 31.12.2019Place 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 8075B**INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHB 8075B - NA/INC09013488/z1; DOA: 09.06.2009 SJS 6823J - 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
			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 + 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: Ram

REF:

lpc

ASSIGNMENT

From:

Date:

2/1/19

Estimated Cost:

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

To Inspect Vehicle No:

SHB 8075B

at Workshop m/s

premier

of

23 changi south ave 2 #02-03

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 Rpt:

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

1up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 8075BYr Regn: 08/01/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Kia optima 1.7c.c 1685

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

405267

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNRGM414MF5658265Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 205 / 65 R 16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

31/12/19

D.O.I.

02/01/2020

Survey held at

Premier

Des. of Damages

Frt

Rear / O/S / N/S / U/C / Rooftop or

Frt

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

Date / Time

Action / Instruction

HSHS: \$1250/- with 2 repair daysconfirm with GOM weel DER on 9/1/2020

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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