

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 08/01/2020

Date / Time: 08/01/2020

Registered in Merimen: 08/01/2020

Pre-assign / CCU / FTE



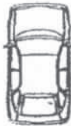
Insured Vehicle No. : SGC 6068S
 Name of Insured : LOW SOON CHONG
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$\$_ D.O.A : 06/01/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : LOW ZSE HSIEN
 Driver Tel No. : +65-91158256 (V/L: YES / NO)

Claim No. : 4576112432SG
 Policy No. : 2100439966
 Make / Model : MAZDA 3
 Place of Accident : PIE JURONG TOWN HALL EXIT CROSS JUNCTION TOWARDS B
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % **Final ? Yes / No**

SLK 7410D



INSRS:
WSP: ACE
Tel : AUTOLUTION
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLK 7410D - X	SGC 6068S - 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)	<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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$\$_	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	\$\$_			
Loss of Rental (LOR):	\$\$_	(days)		
Loss of Use (LOU):	\$\$_	(\$ x days)		
Loss of Income (LOI):	\$\$_	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>				[Tick only one]
GIA/LTA Search	\$\$_			
Medical:	\$\$_			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$\$_	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$\$_			3) Survey fee:
Total:	\$\$_	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$\$_	Name 1:		
Payee 2: (Strike if N.A.)	\$\$_	Name 2:		
Payee 3: (Strike if N.A.)	\$\$_	Name 3:		

ASS. REC. BY:

REF:

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.

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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLK7410D yr Regn: 2017 / Jan.
 Type: MC Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 53507 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU11204868
 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: 215/60R16
 R: 215/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Sportive.
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 08/01/20
 Survey held at Ace Autolution.
 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
	<u>TP AIG.</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format: _____
 Lump Sum / L.P.R. (€) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (€) _____
 : Interview (€) _____
 : Tech. Invs (€) _____
 : Wheel end (€) _____

Survey Fee: _____
 Transportation: _____
 3 + P8 _____
 Photo: _____
 Other: _____