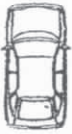


INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **15/01/2020**Date / Time : **15/01/2020**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBB 8374J**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **22/11/2019 13:10**Place of Accident : **PIE > CHANGI**

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****GBJ 837B**INSRS:  
WSP: **VISION**  
Tel : **AUTOWORK**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                | 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:             |                                                   |
|                                                                                                                                                           | <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: S\$ _____ ( _____ 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: % _____ (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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                   |                                                   |
| GIA/LTA Search S\$ _____                                                                                                                                  |                                   |                                                   |
| Medical: S\$ _____                                                                                                                                        |                                   |                                                   |
| Disbursement: S\$ _____ (e.g. Tow/ Independent )                                                                                                          |                                   |                                                   |
| Legal Cost S\$ _____                                                                                                                                      |                                   |                                                   |
| <b>Total:</b> S\$ _____ <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: C11

## ASSIGNMENT

From: \_\_\_\_\_ Date: 15. Jan. 2020

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: GBJ 837 B

at Workshop m/s Vision Automark

of 8 kaki Bukit Axi 4 #08-09 Premier

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

"up"

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: GBJ 837 B Yr Regn: 2018 / Dec

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

Truck / Trailer or \_\_\_\_\_

Make: Toyota Hiace c.c. 2754

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 41184 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: GDH 2012003006

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: 195 R15 C

R: 195 R15 C

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. \_\_\_\_\_

D.O.I. 15/01/20

Survey held at

VisionDes. 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 China</u>      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

☐ : Interview (\$ \_\_\_\_\_)

Photos \_\_\_\_\_

☐ : Tech. Invs (\$ \_\_\_\_\_)

Others \_\_\_\_\_

☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / L.B.I. / G: \_\_\_\_\_