

ASSIGNMENT

Surveyor: ABT DOI: 21/1/2020 Date / Time: 21/1/2020
Registered in Merimen: 31/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 1763L Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 17/1/2020 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

SHD 3383J →



INSRS:
WSP: Bifrost Auto
Tel :
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: | |
| | 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: S\$ | (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: 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\$ | 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 <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: | |

ASSIGNMENT

COE Aug 2024

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: _____

Veh No: SHD 3383 J Yr Regn: 2016 Aug
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I40 c.c 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 384582 T/Radio: Insured / Std / NI / NA
 Eng/No: D4FDGU668517
 C/No: KMHLB41UMGU093308
 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: 205/60 R16
 R: — " —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Hankook Rear Camperon
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 17/01/2020 D.O.I. 21/01/2020
 Survey held at Bijrost Sin Ming
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S front 4 o/s Body 4 o/s Rn
 The U/C / Chassis frame / Body Structure affected due to collision.

| | |
|-----|-----|
| N/S | O/S |
| | |

(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: 8 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | <u>PWD SLW 1763L</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| S + RS. \$ | |
| Photos | |
| Others | |
| TOTAL | |

2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Rep. Form: _____

Lump Sum / F.B.I. (%) _____

Phone Number:

Fax Number:

| | |
|----------------------|--------------------------------------|
| Customer: | Date: 22/1/2020 10:44 AM - 22/1/2020 |
| Company: | VIN |
| License NO: SHD3383J | Technician: |
| Odometer: | Order NO: |

VEHICLE ALIGNMENT REPORT
HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)

| Primary Angles | | | Initial | Specifications | | Final |
|-------------------|--------|--------|---------|----------------|---------|--------|
| | | | | Min. | Max. | |
| Front | Caster | Left | 4°24' | 4°12' | 5°12' | 4°20' |
| | | Right | 4°15' | 4°12' | 5°12' | 4°13' |
| | Camber | Left | -0°38' | -1°00' | 0°00' | -0°36' |
| | | Right | -0°03' | -1°00' | 0°00' | -0°03' |
| | Toe | Left | -0°20' | 0°00' | 0°12' | -0°07' |
| | | Right | -0°11' | 0°00' | 0°12' | -0°22' |
| Total | | -0°31' | 0°00' | 0°24' | -0°29' | |
| Rear | Camber | Left | -1°40' | -1°30' | -0°30' | -1°37' |
| | | Right | -0°31' | -1°30' | -0°30' | -0°31' |
| | Toe | Left | 0°06' | -0°03' | 0°09' | 0°06' |
| | | Right | 0°07' | -0°03' | 0°09' | 0°07' |
| | | Total | 0°13' | -0°06' | 0°18' | 0°13' |
| Thrust Angle | | 0°01' | 99°59' | | 0°00' | |
| Secondary Angles | | | Initial | Specifications | | Final |
| | | | | Min. | Max. | |
| SAI | Left | | 9°50' | 13°18' | 14°18' | 9°50' |
| | Right | | 10°04' | 13°18' | 14°18' | 10°04' |
| Included Angle | Left | | 9°13' | 99°59' | 99°59' | 9°14' |
| | Right | | 10°01' | 99°59' | 99°59' | 10°01' |
| Toe Out On Turns | Left | | ---- | 99°59' | 99°59' | ---- |
| | Right | | ---- | 99°59' | 99°59' | ---- |
| Max Turn Inside | Left | | ---- | 99°59' | 99°59' | ---- |
| | Right | | ---- | 99°59' | 99°59' | ---- |
| Toe Curve Change | Left | | ---- | 0°00' | 199°59' | ---- |
| | Right | | ---- | 0°00' | 199°59' | ---- |
| Setback | Front | | 0.02" | 99.99" | 99.99" | 0.02" |
| | Rear | | -0.25" | 99.99" | 99.99" | -0.25" |
| Track Width Diff. | | | -0.15" | | | -0.15" |
| Wheel Base Diff. | | | 0.27" | | | 0.27" |
| Front Ride Height | Left | | ---- | 99.99" | 99.99" | ---- |
| | Right | | ---- | 99.99" | 99.99" | ---- |
| Rear Ride Height | Left | | ---- | 99.99" | 99.99" | ---- |
| | Right | | ---- | 99.99" | 99.99" | ---- |
| Frame Angle | | | | | | ---- |