15/5/2010

INS. CASE OWNER: _____   CC 4 / AIG 2000 1905 / A 0s3   IDAC: _____

ASSIGNMENT

Surveyor: **Adrian**   DOI: **4/2/2020**   Date / Time: **3/2/2020**

Registered in Merimen: **4/2/2020**

Pre-assign / CCU / FTE
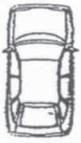
Insured Vehicle No. : **SLG 6759B**	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : **1/2/2020**	Place of Accident : _____

Is driver the owner?   (YES / NO)   Nature of Accident : _____
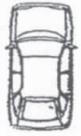
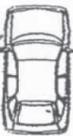If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

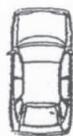Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**

SLQ4543S ⟶ _____   ⟶ _____   ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **Vision Autowork**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		SLQ4543S : X ; SLG6759B : 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)		
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: _____

ASSIGNMENT

From: _____ Date: 4.2.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLQ 4543S

at Workshop m/s Vision Autoworks

of 8 Kaki Bukit Ave 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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLQ4543S. Yr Regn: 2017 July.

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mercedes Benz CLA180 c.c 1595

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

Sp.Reading 47010   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1173422N504233

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: 225/40R18 .
          R: 225/40R18 .

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

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A.		D.O.I. 04/02/20	

Survey held at Vision.

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

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

Date / Time	Action / Instruction
	TPAIG.

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

1) _____
Date/Time, File Return to?

2) _____ ☐ : Final Report

Rep. Format : _____
Lump Sum / I.B.I. ( )

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	