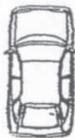


ASSIGNMENT

Surveyor: Kenneth DOI: 5/2/2020 Date / Time: 5/2/2020
 Registered in Merimen: 5/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 3971B Claim No. : _____
 Name of Insured : Ng Min Yuan Bertram Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 2/2/2020 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

SML 2443A →



INSRS: _____
 WSP: Leong Auto
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



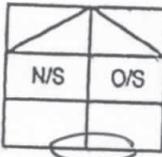
INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date / Time	STAGE	DATE / PIC
<u>SML 2443A : X ; SJK 3971B : X</u>	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

Kenneth

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Kong Awb
 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.
 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: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
3/29
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SML 2443A Yr Regn: 06, 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A5 c.c. 1984
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 157841 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAU 888 8T 39A 051755
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 275/35 R19
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 8 mm Rear R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 2/12/20 D.O.I. 5/2/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

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

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

Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Factors _____
 Others _____

Report Format : _____
 Lump Sum / I.B.I. (\$) _____

TOTAL _____