15/5/2010

INS. CASE OWNER:

CC6/CTI20002571/Aka3

LKK:

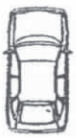
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 12/02/2020 Date / Time : 12/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 5946Y

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/02/2020 18:40

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident : UPPER THOMSON RD > SEMBAWANG RD

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SLK 2825Z → → →

INSRS:
WSP: MODERN AUTOMOTIVE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLK 2825Z - X	GBH 5946Y - 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. Req. 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 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: SLK2825Z 1st Regn. 2017 Jan.

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

Make: Honda Civic c.c. 1597

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

Sp.Reading 94587. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC5650GT000862

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R16.

R: 215/55R16.

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.	12/02/20

Survey held at Modern

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
	TP China.
	MV :
	PV :
	Nett.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: $ + PS $ SI

Phone:

Other:

TOTAL:

Report Format :

Lump Sum / LEJ: $