LKK:
IDAC:

INS. CASE OWNER:

CC4/FWD20002811/Apa3

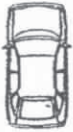**ASSIGNMENT**

Surveyor: ADRIAN

DOI: 17/02/2020

Date / Time : 17/02/2020

Registered in Merimen: 18/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJX 6946L

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 14/02/2020

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**

SLR 4214L

INSRS:
WSP: N-51
Tel : AUTOMOTIVE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLR 4214L - X	SJX 6946L - 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$		1) Claim status: Normal/Reject/Private Settle	
Medical:	S$		2) Report Format:	
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost	S$			
Total:	S$	Global Sum S$:	Email Call	

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

REF:

ASS. REC. By.

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.**

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: SLR4214L   Yr Regn 2017 August.

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

Make: Honda Vezel Hybrid 1496

Colour Silver.   A/C: ✓ Insured / Std / NI / NA

Sp.Reading 220157   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU3125337|

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 /60 R16

             R: 215 /60 R16

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or   Westlake

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	96 mm
D.O.A.		D.O.I.	17/02/20

Survey held at   N51

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
	TPFWD.
	MV :
	PV :
	Nett :

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

☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.R.F.

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($
         ☐ : Interview ($
         ☐ : Tech. Invs ($
         ☐ : Week end ($

Survey Fee:

Transportation:

$ + FS __ S

Photo

Other