INS. CASE OWNER:	CC 6 / 111 2000 3771 / A ps3	LKK:
		IDAC:

ASSIGNMENT

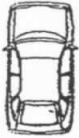Surveyor: __Adrian__   DOI: __10/3/2020__   Date / Time : __9/3/2020__

Registered in Merimen: __9/3/2020__

Pre-assign / CCU / FTE

Insured Vehicle No. : __SHA 3594 H__   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : __1/3/2020__   Place of Accident : _____

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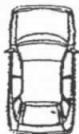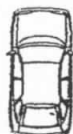
If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

__SMJ 6555U__ ⟶ _____ ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: __Cos Garage__	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SMJ6585U : X		Non-Reporting ltr (1st):	
	SHA 3594H :CC3/AIGU9009146/Fq1 ; DOA: 26/4/09		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:	

ASSIGNMENT

From: Date: **10.3.2020**	Veh No: **SMJ6555U** Yr Regn: **2019 March**

Estimated Cost: _____

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

To Inspect Vehicle No: **SMJ 6555U**

at Workshop m/s **CAS Garage**

of **1 Kaki Bukit Ave 6 #02-22**

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: _____

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

     Truck / Trailer or

Make: **Mercedes Benz C200 Hybrid Cabriolet** c.c **1497**

Colour **Red**   A/C: Insured / **Std** / NI / NA

Sp.Reading **23875**   T/Radio: Insured / **Std** / NI / NA

Eng/No: _____

C/No: **WDD2054772F806904**

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: **225/45R18**

         R: **225/45R18**

N/S	O/S

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. **10/03/20**	

Survey held at **CAS**

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 111

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

1) _____   ☐ : **Final Report**

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

        ☐ : Interview ($ _____)

        ☐ : Tech. Invs ($ _____)

        ☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.J: ($ _____)

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