15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

CC6/AIG20004508/Aka3

ASSIGNMENT

Surveyor: **SUN PIN**   DOI: 25/03/2020   Date / Time : 25/03/2020

Registered in Merimen: 25/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SBM 9228J**

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 23/03/2020

Is driver the owner? (YES / NO) Nature of Accident :

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

YP 4550Y

INSRS:
WSP: **NEW HOCK**
Tel : **TECK**
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YP 4550Y - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SBM 9228J - CS/QBE16012093/Kth3c2 28/06/2016	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:		

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos:

Others:

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:
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: **YP4550Y.** Yr Regn: **2016 / Oct.**

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

Make: **Mit Fuso** c.c **2998**

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

Sp.Reading **73180** T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **FEB21EA20959** *

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: **195/60R15**
R: **185/60R15**

	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. **25/03/20**	

Survey held at **NHT.**

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s.

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

Date / Time	Action / Instruction
	TP A16.
	MV :
	PV :
	Nett.

Date/Time, File Pass to?	☐ : **Preli. Report**	Days Of Repair: _____
1)	☐ : **Final Report**	Resurvey No. of Trip: _____
Date/Time, File Return to?		
2)		

Add Fee:		
☐ : Site Insp ($)		S ÷ RS. SI
☐ : Interview ($)		Photos
☐ : Tech. Invs ($)		Others
☐ : Weekend ($)		

Report Format :

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

Survey Fee:	
Transportation:	
TOTAL	