5/5/2010	
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## CC6/CTI20004584/Aka3

L	KI	<b>C</b> :		
11	VΑ	r	٠.	

TRICK	0.1	CHE	OH	DATES	٠.

ASSIGNMENT

Surveyor:	ADRIAN	DOI: 26/03/2020	)	Date / Time : 26/03/2020	)		
Surveyor.				Registered in Merimen:	-		
Pre-assign / CCU	/ FTE						
	1410 40000		Claim No				
Insured Vehicle No	). : 40030		Claim No.	:			
Name of Insured			Policy No.	:			
Insured Tel No.	: HI	P:	Make / Model	:			
Excess Sec II :S\$	D.	O.A: 25/03/2020 13:30	Place of Accide	nt : NEW PUNGGOL ROAD	,		
Is driver the owner		ature of Accident :					
			OLCIA PEPOE	T: YES / NO ; TP GIA REPOR	T. YE	S/NO	
If NO, Driver Nar Driver Tel		(V/L: YES / NO )	Insured Liability				
SMC 4206C							
INSRS: WSP: KIANG Tel: MOTOR Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili	ity:		
Date/ Time							
	SMC 4206C - X	WC 4003C - X		STAGE	DAT	E / PIC	
4				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: Ha	ndlas	Typist	
				Notification ltr (if non-pickup)	nuier	Typisi	
				After call ltr to OI:			$\dashv$
				Authorisation To Act:			一
				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		onfirm with		Email Call			
Final Liability:		sessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:			
Repair Cost: Loss of Rental (LOR):	S\$ S\$	devel					
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):	S\$ (\$ x	days)					
LOR only LOU only		+ LOI [Tick only one]					
GIA/LTA Search	S\$	L-many and					
Medical:	SS			1) Claim status: Normal/Reject/l	Private	Settle	
Disbursement:	S\$	(e.g. Tow/ Independent )		2) Report Format:			
Legal Cost	S\$			3) Survey fee:			
Total:	S\$ GI	obal Sum S\$:					
FINAL PAYMENT	Date/Time: Co	onfirm with:		Email Call			
Payee 1:	S\$ Na	ame I:					
Payee 2: (Strike if N.A.)	S\$ Na	ame 2:					
Payee 3: (Strike if N.A.)	S\$ Na	ame 3:					

## ASSIGNMENT

From: Date:	Veh No: SM C4206C Yr Regn: 2018 / June
Estimated Cost:	Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Honda Shuttle Hybrid c.c 1486
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 57365 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: GP71120199. *
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inord / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 185/60R1S
(Policy Condition)	R: 185/60R15
	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / OKO OF
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	o R/Bal. 26 mm R/Bal. 26 mm
GIA / PR Seen: Consistent? : Yes or N	o L/Bal. Ob mm L/Bal. Ob mm
Est. Repairs: days Res.: Yes or N	No D.O.A. D.O.I. 26/03/20
Lum Sum: % 3 Val.: Yes or N	Survey held at Kiany
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S HV/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
TP China.	
MV :	
Nett,	
7,4611 3	
Lorent	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: Site Insp (\$ )_s+Rs_si
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / LBJ: (%)	:Weelend (\$ )
	TOTAL