s3

INS. CASE OWNER: Gabriel. ~~Mac~~ CC 3 / III1600 6920 / ~~M(~~ ~~V93~~ ✓ D P

LKK:
IDAC:

ASSIGNMENT

Surveyor: Ma / Bryan DOI: 14/4/16 Date / Time: 14/4/16

Registered in Merimen: 15/4/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	SCR 6D	Claim No. :	MC2016/2444
Name of Insured :	Kuan Thian Fah	Policy No. :	MH77088 (comp)
Insured Tel No. :	HP: 81565045	Make / Model :	Volkswagen Touareg V6
Excess Sec II :S$	D.O.A : 11/4/16	Place of Accident :	Serangoon Road / Bartley Road
Is driver the owner?	(YES / NO) (NO circled)	Nature of Accident :	
If NO, Driver Name / Age :	Kuah Ah Meng	OI GIA REPORT: YES / NO (YES circled)	TP GIA REPORT: YES / NO (YES circled)
Driver Tel No. :	96306552 (VL: YES / NO)	Insured Liability : %	Final ? Yes / No

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SHA 6066 U → → →

INSRS: WSP: Chunni Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
18/4/16 Vivian	SHA 6066 U - NS / INC12009162 / H / an 007615 / 12 - SCR 6D - CS / 1109016033 / KCG / DOA 13/7/09
18/4/16	seek liability via merimen.
18/4/16	liability clear via merimen
15/8/16	File pass to typist type report
24/8/16 29/8/16	seek mandate via merimen
	48k 25 w/days.
18/9/2020 —	DV sent

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: 4 Sum S$ 23400.00 (25 days) Reduction: 70 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 18/9/2020	Confirm with William	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: +GST	S$ 25038.00		
Loss of Rental (LOR):	S$ 3290.25 (25 days) × $131.61		
Loss of Use (LOU):	S$ 1000.00 ($ 40 x 25 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 2.00		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: GP
Legal Cost	S$ —		3) Survey fee: $600.00
Total:	S$ 29330.25	**Global Sum S$:** 29000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 29000.00	Name 1: Chunni Motor Work Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13)

Surveyor:

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s CHUNG

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: 25 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SHA6006U Yr Regn: APR '14.

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

Make: HYN i40 c.c 1685

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

Sp.Reading No Reading. T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KMHLB41UMEU053757

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: 205/60/R16

R: —"—

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.		D.O.I.	14/06/2016

Survey held at —"—

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
~~15/8/16~~	~~Confirm L/S $48000.00 with 25 working days~~
	L/S $23400.00 (Red $52716.96 / 70%)
	BV: $76844.88 (est)
	LTA: $53346.25 (est)
	NBV: $23,498.63 (est) (Red: $28110.96 37%)

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. Invs ($)
☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

TOTAL

Report Format :

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