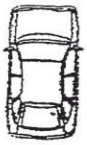
15/5/2010

INS. CASE OWNER: Chee Heng | CC 3 / AIG170 22958 / WKa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Wilson DOI: 06/12/17 Date / Time: 04/12/17

Pre-assign / CCU / FTE Registered in Merimen: 04/12/17



Insured Vehicle No. : GBC 7807D Claim No. : 8425997276SG

Name of Insured : SANTE ACCESS SYSTEM PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model : NISSAN CABSTAR - 2.0 (M)

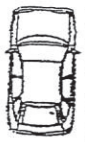
Excess Sec II :S$ D.O.A : 03/12/17 Place of Accident : UPPER SERANGOON ROAD

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

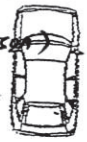
If NO, Driver Name / Age : RAMANATHAN SENTHILKUMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLR 9634A →

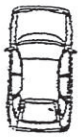


INSRS:
WSP: Volkswagen (Macpherson)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
07/12/17 (2 win:)	SLR 9634A - X ; GBC 7807D - 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$		
Medical:	S$		
Disbursement:	S$		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$	(e.g. Tow/ Independent)	2) Report Format:
Total:	**S$**	**Global Sum S$:**	3) Survey fee:
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:	

Surveyor: Wilson REF: AG7

ASSIGNMENT

From: Date: 06/2017

Estimated Cost:

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

To Inspect Vehicle No: SLR 9634A

at Workshop m/s Volkswagen

of 1 Kampong Amyat off Macpherson Rd

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 10am owner waiting

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

XXX

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: SLR9634A Yr Regn: 31/8/2017

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

Make: Volkswagen. c.c 1984

Colour Dark Grey A/C: Insured / Std / NI / NA

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

Eng/No:

C/No: WVWZZZ7N2HV241117

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: 225/50R17.

R: 225/50R17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5. mm	L/Bal.	5. mm

D.O.A. 31/12/2017 D.O.I. 6/12/2017

Survey held at As above

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

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 ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee

Transportation $ + RS $

Photos

Others

TOTAL