15/2010

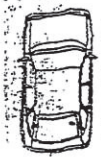
INS. CASE OWNER: NATALIE | CC4 /III170 23973 / TI jaz | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 18/12/17 Date / Time: 18/12/17

Registered in Merimen: 18/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7934J

Name of Insured : CTPL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 16/12/17

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

If NO, Driver Name / Age : QUEK SWEE KIEN

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

Claim No. :

Policy No. :

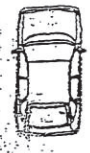
Make / Model : HYUNDAI I40

Place of Accident : CHOA CHU KANG AND UPPER BUKIT TIMAH RD.

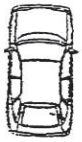
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

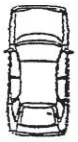
SLG 9134J →



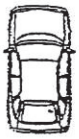
INSRS:
WSP: Cycle&Carriage Kia
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLG 9134J - X SHA 7934J - NS/INC 12024939/H1/14 DOA: 25/12/12

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$			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:		

Surveyor Taufakh | REF: III

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.**

N/S	O/S

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 WP

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLG 9134J Yr Regn: 2016 Oct.

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

Make: Kia Cerato c.c 1591

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

Sp.Reading 43649 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: KNAFX411 MH566709

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: 205/55R16

R: 〃

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	18/12/17 @1445

Survey held at C & C Dandenong

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

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

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ___S + RS___ St

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
TOTAL	