15/1/2010

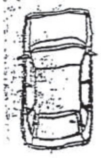
INS. CASE OWNER: Sherin	CC 4 /III1702 4055 / Keaz	LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 19/12/17   Date / Time : 19/12/17

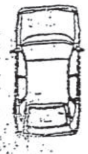
Registered in Merimen: 19/12/17

Pre-assign / CCU / FTE

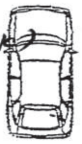


Insured Vehicle No. : SHC 1312H		Claim No. :	
Name of Insured : CTPL		Policy No. :	
Insured Tel No. :	HP:	Make / Model : HYUNDAI SONATA	
Excess Sec II :S$	D.O.A : 15/12/17	Place of Accident : AIRPORT BOULEVARD TWDS T2 TAXI QUEUE	
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : CHENG SING HOON		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

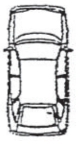
SLP 2775H → ________ → ________ → ________



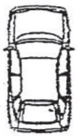
INSRS:
WSP: Massive Trading (AMK)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLP 2775H - X	Non-Reporting ltr (1st):	
	SHC 1312H - CC3/AXA10021126/FyH2g2 DOA: 16/10/10	Non-Reporting ltr (2nd):	
	- CC6/III17002425/R1yb3 DOA: 23/01/17	Non-Reporting ltr (Final):	
	- NA/INC12011494/2 DOA: 11/06/12	Notification ltr (if non-pickup):	
	- NA/MSG14004637/d2 DOA: 10/03/14	Call OI:	
21/12/17 (Asher)		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:

REF: III

ASSIGNMENT

From: _____ Date: 19/12/17

Estimated Cost: _____

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

To Inspect Vehicle No: SLP 2775 H

at Workshop m/s Massive Trading

of Blk 5038 #01-405 AMK Ind. Pk 2

Insured: _____

Policy No. _____

Claims No. _____

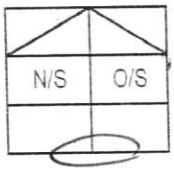
Sum Insured: _____ Excess: _____

(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: 05 days Res.: Yes or No

Lum Sum: 80 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SL P2775H Yr Regn: 07 OP

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

Make: Toy Altis LX c.c 1598

Colour M. Blue A/C: Insured / Std / NI / NA

Sp.Reading 239971 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053ZEE106148367

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: _____

R: 225/40R18

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	15/12/17	D.O.I.	19/12/17

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
20/12	File pass to Catherine, est not ready

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: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) ___$ + RS ___SI

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Others

☐ : Weekend ($ _____)

TOTAL _____