15/2010

INS. CASE OWNER: NATALIE | CC4/III1702 4058 R1 ya3 | LKK: IDAC.

ASSIGNMENT

Surveyor: DASM | DOI: 27/3/18 | Date / Time: 19/12/17

Registered in Merimen: 19/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2044A | Claim No. :

Name of Insured : CTPL | Policy No. :

Insured Tel No. : | HP: | Make / Model : HYUNDAI SONATA

Excess Sec II :S$ | D.O.A : 28/11/17 | Place of Accident : BEDOK NORTH AVE 3 NEAR SLI 136 CAR PARK ENTRANCE

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

If NO, Driver Name / Age : GAN ENG HUAT @ NEH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLJ 9420S →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Wearnes (Alexandra)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLJ 9420S - X SHC 2044A - CC4/III1600395O/M1W3Y2 DOA: 25/10/16
21/12/17 (Thu)	
28/12/17 @ 12:09	Seek mandate in Merimen - OI lease ended TP veh.
22/3/18 @ 2:26	Email to Natalie that we will close case as TP repairer did not arrange for survey up to date. To be cancel by III
	To cancel file. 22/3/2018

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:	% 100	(Agreed / Assessed) BOLA S/N No. :	27	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:	

(08/11/13) Surveyor: [illegible] REF: II 7958 / PMaB 0126B

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 94205

at Workshop m/s W&ARNES

of 249, ALEXANDRA RD

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLJ 94205 Yr Regn: 2016 / DEC

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

Make: VOLVO V40 c.c 1498

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

Sp.Reading 26141 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: YV1MV28H0H2406365

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: 225/40ZR18

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 28/11/17 D.O.I. 27/03/18

Survey held at W&ARNES

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) _____ ☐ : **Preli. Report** ☐ : **Final Report**

Date/Time, File **Return** to? 2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	