15/5/2010

INS. CASE OWNER: CC 3 / AXA170 24673 / Kps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 28/12/17 Date / Time : 28/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 6756L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/12/17

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

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHD 9523H →

INSRS:
WSP: Tms-Cel (AMIC)
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 9523H - CC3/FCJ1300939Z/Sylv DOA: 06/03/13 - NA/CAT1302350601 DOA: 11/12/13
	SLP 6756L - 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$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$		(e.g. Tow/ Independent)	2) Report Format:
Total 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:		

INV:

ASS. REC. BY:

REF: ADH

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tan Cab

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: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 9523H Yr Regn: 05, 12

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

Make: Chevrolet Epica c.c 1991

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

Sp.Reading 336415 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLCA69RJBB 074943

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: Giti 195/65R15

R: Westlake

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	8 mm
L/Bal.	3 mm	L/Bal.	8 mm
D.O.A.	23/12/17	D.O.I.	28/12/17

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or MS 141

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
29/12	File pass to Corinne
"	2 Slip & 2 Book

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. 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. _____ SI

Photos: _____

Others: _____

TOTAL: _____

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SHD9523H
Vehicle Type :	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1 :	Air-Con (Taxi)
Vehicle Scheme :	Taxi (Company)
Vehicle Make :	CHEVROLET
Vehicle Model :	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Chassis No. :	KL1LA69RJBB074943
Propellant :	Diesel
Engine No. :	Z20S1450880K
Engine Capacity :	1991 cc
Maximum Power Output :	110.0 kW (147 bhp)
Maximum Laden Weight :	2055 kg
Unladen Weight :	1625 kg
Year Of Manufacture :	2011
Original Registration Date :	30 May 2012
Lifespan Expiry Date :	29 May 2020
COE Category :	A - Car (1600cc & below)
Quota Premium :	$46,401.00
COE Expiry Date :	29 May 2020
Road Tax Expiry Date :	29 May 2018
PARF Eligibility Expiry Date :	29 May 2020
Inspection Due Date :	29 May 2018