15/5/2010

INS. CASE OWNER: Joe l | CC / EQI18000992 / Acs 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 15/01/18 Date / Time: 15/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKV 9065H Claim No. :

Name of Insured : ROSET LIMOUSINE SERVICES PTE LTD Policy No. : DMCFHG17-000125

Insured Tel No. : HP: 8180 1183 Make / Model : NISSAN ALMERA

Excess Sec II :S$ D.O.A : 11/01/18 Place of Accident : BKE BEFORE EXIT DAIRY FARM RD

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

If NO, Driver Name / Age : TAN SIANG PING (CHEN XIANGBIN) OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

Driver Tel No. : 8189 5713 (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

SKV 9065H (OI)	SLR 1155T (TP)	SLJ 4826M	SGY 1911A
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: ACE AUTO	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLR 1155T - NA/EQI18000753/h4 DOA: 11/01/18
	SKV 9065H - NA/EQI18000753/h4 DOA: 11/01/18

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:	

Singlife | REF:

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLR1155T. Yr Regn: 2014 July.

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

Make: Chevrolet Orlando. c.c 1362

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

Sp.Reading 12494 T Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1YA7589HC610270.

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: 215/60R16.

R: 215/60R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	15/01/18.

Survey held at Ace Auto Solution.

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
	TP EQ

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 ($ _____)

Survey Fee: _____

Transportation: _____ $ - PS _____ $

Photos: _____

Others: _____

Report Format : _____

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