15/5/2010

INS. CASE OWNER: CC 7QBE1800 1749 M2763

LKK:

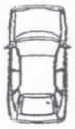
IDAC:

ASSIGNMENT

Surveyor: MCF DOI: 22/1/18 Date / Time : 22/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 5225T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

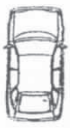
Excess Sec II :S$ D.O.A : 18/01/18 Place of Accident :

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

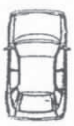
SJW 4527D → → →



INSRS:
WSP:
Tel :
Liability :
RMKS: chew Goon

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJW 4527D - X
	SKG 5225T - NBA/INCIDENT REPORTED BY DOT: 22/1/17

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:	

REF: QBE

ASSIGNMENT

From: | Date: 29/1/18

Estimated Cost:

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

To Inspect Vehicle No: SJN 4527D

at Workshop m/s: Chew Goon Motor

of: Blk 10, AMK Ind. Prk 2A Ave 5 #01-15/16 &17

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: 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: SJN4527D | Regn: FEB 2009

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

Make: NISSAN LATIO. | cc: 1498

Colour: SILVER | A.C.: Insured / Std / NI / NA

Sp Reading: 249227 | T.Radio: Insured / Std / NI / NA

Eng No:

C No: JN1FAAC11Z0010324.

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size F: 195/50R15

R: ——〃——

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

Front		Rear	
R.Bal:	8 mm	R.Bal:	8 mm
L.Bal:	8 mm	L.Bal:	8 mm

D.O.A.: 18/01/2018 | D.O.I.: 29/1/2018

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

Date/Time: File Pass to: | [ ] : Preli. Report | [ ] : Final Report

Date/Time: File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] Site Insp: $ | [ ] Interview: $ | [ ] Technical: $ | [ ] Weekend: $

Report Format:

Lump Sum: I.B.: $