15/5/2010

INS. CASE OWNER: CC 6 / III 1800 467 / Kh63

LKK:

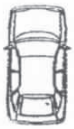
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 8/7/18 Date / Time : 8/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3654H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

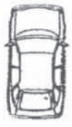
Excess Sec II :S$ D.O.A : 6/7/18 Place of Accident :

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**

SGV 9939J → → →



INSRS:
WSP: poon
Tel :
Liability :
RMKS: seow.

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGV 9939J - Y
	CHC 3654H - w/ [illegible]

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:		

Surveyor

REF: Ty

ASSIGNMENT

From:
Date: 08 02 2018
Estimated Cost:
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SGV 5939J
at Workshop m/s: Poon Siong Seow
of: 160 Sin Ming Drive #05-13
Insured:
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh:
(Policy Condition)

N/S	O/S

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: 03 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS 6122
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SGV 5939J Yr Regn: 06 07
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon
Make: Honda CRV c.c 2354
Colour: M. Grey A/C: Insured / Std / NI / NA
Sp.Reading: 153780 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: RE31 000663
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: 235/55R18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Nexen

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	5/2/18	D.O.I.	8/2/18

Survey held at
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
9/2	File pass to Catherine
	4 L/Lay 8 1400 email

Date/Time. File Pass to? 1)
Date/Time. File Return to? 2)

[ ] : Preli. Report
[ ] : Final Report

Report Format :
Lump Sum / I.B.I: (S$

Days Of Repair:
Resurvey No. of Trip:
Add Fee: [ ] Site Insp (S$ [ ] Interview (S$ [ ] Tech. Invs (S$ [ ] Weekend (S$

Survey Fee
Transportation
Photos
Others
TOTAL