15/5/2010

INS. CASE OWNER: CC 4/ III18004183 / T/es 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 05/03/18 Date / Time : 02/03/18

Registered in Merimen: 05/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7791L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/02/18

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

If NO. Driver Name / Age :

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

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

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

SKE 8544M → → →

INSRS:
WSP: Ong Auto (Boon Lay)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKE 8544M - X
	SH 7791L - CCS/AFG08022567/CDn DOA: 14/08/08
	- NS/INC10016274/Fy DOA: 15/08/10
	- NS/INC/201641/HiKo DOA: 24/08/12

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: Confirm by:

Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

If NO or B 28, Ass. Lia :

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$	**Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Confirm with: Email ☐ Call ☐

FINAL PAYMENT Date/Time:

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

Tanjim PSR. III

ASSIGNMENT

From ______ Date 5/3/18 Veh No SKE8544M Reg 2012 April

Estimated Cost ______ Type (M/Car) M/Cycle Bus Van Lorry Taxi Prime Mover Truck Trailer

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

To inspect vehicle No SKE8544M Make Toyota A/Fis CC 1598

at Workshop ... Ding Auto Colour Blue.

of 249 Jalan Boon Lay Sp.Reading 16/230

Insured ______ Eng No ______

Policy No ______ Ch No MR053REE104133853

Claims No ______ Gen Cond (Good) Fair Poor Burnt

Sum Insured ______ Excess ______ Steering (In order) Jammed Leaked Burnt or

Client's Record Brake (In order) Jammed Leaked Burnt or

Make of Veh ______ Mod Nil (S.Rim) STD A.Rim or

Tyre Size F. 195/65R15

Policy Condition R. "

Remark: The veh had commenced its repair at the time of inspection.

N.S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUM / TOYO / YOKO or

Bal or Market Value ______ Front / Rear

OAC Accident Report ______ Consistent? : Yes or No R.Bal 6 — R.Bal 6 —

GIA PR Seen ______ Consistent? : Yes or No L.Bal 6 — L.Bal 6 —

Est. Repairs ______ days Res.: Yes or No D.O.A ______ D.O 5/3/18 @ 1715

Lum Sum ______ % 3 Val: Yes or No Surveyed at Ding Auto

CA / REV / REP. / 24 HRS 1wp Des. of Damages Frt Rear O/S (N/S) (O/S) Rooftop or

Vehicle IN / OUT

Date ______ Person Contacted ______ The U/C Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time File Passed to: ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to:

Days Of Repair

Resurvey No. of Time

Survey Fee

Transport

Add Fee: ☐ Stenned $ ☐ $ ☐ $ ☐ $

Report Format

Lump Sum