

Surveyor:

Kenneth

DOI:

ASSIGNMENT

3/5/18

Kba3

Date / Time:

3/5/18

Registered in Merimen:

7/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC1723E

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 30/04/2018

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

SHB 98140



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 98140 - 03/11/18 12:48 / Kba3 : 05/12/18
 SHC1723E 15/11/18 09:26 / Mgy3dl : 11/6/2018

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:

06/07/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 4,300.00 (5 days) Reduction: 91.19 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/07/2020 Confirm with WAI YIN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4,601.00

Loss of Rental (LOR): S\$ 794.56 (8 days) X \$99.32

OID rear-ended TP

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 400.00 (\$ 50 x 8 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total: S\$ 5,795.56

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5,795.56

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF: TD /Kenneth

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. _____

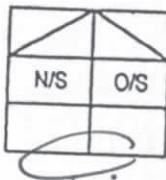
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 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: S14B 9814DYr Regn: 08, 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedesc.c. 1995Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 691344

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: V141A B2 15Auc - 273276Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: GitiR: FeikunBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mmR/Bal. 5 mmL/Bal. 9 mmL/Bal. 5 mmD.O.A. 30/4/18D.O.I. 3/5/18

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

4/5 File rep. to Cotham
L1 Sur & 4300

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$