

INS. CASE OWNER:

7E

CC 4, Asm1800

9293

T1 pa3

LKK:

IDAC:

46577

Surveyor:

MTH

DOI:

ASSIGNMENT

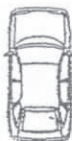
21/05/2018

Date / Time:

21/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Gu 9220D

Claim No.:

8mooHHS

hx

Name of Insured:

Wang Xun Hao Repar

Policy No.:

Insured Tel No.:

HP:

Make / Model:

7-HPACB

Excess Sec II :SS

D.O.A.:

17/5/18

Place of Accident:

Cenker Rd

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

SBT 961 Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

Mura



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SBT 961 Y. 02/11/18 16013401/11/18/18; 16/11/18  
Gu 9220D. 02/11/18 13001078/11/18/18; 16/11/18

| 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:                           |                |

|                                   |                                   |                                    |                                                                            |
|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------------------------------------------------|
| <b>PRELIMINARY ADVICE</b>         |                                   | Date/Time: 21/5                    | Sent By: [Signature]                                                       |
| <b>FINALIZATION</b>               |                                   | Date/Time:                         | Confirm with: Confirm by:                                                  |
| Repair Cost:                      | S\$                               | ( days) Reduction:                 | % Email <input type="checkbox"/> Call <input type="checkbox"/>             |
| <b>FINAL SETTLEMENT</b>           |                                   | Date/Time:                         | Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> [Tick only one]                         |
| GIA/LTA Search                    | S\$                               |                                    |                                                                            |
| Medical:                          | S\$                               |                                    |                                                                            |
| Disbursement:                     | S\$                               | (e.g. Tow/ Independent)            |                                                                            |
| Legal Cost                        | S\$                               |                                    |                                                                            |
| Total:                            | S\$                               | Global Sum S\$:                    |                                                                            |
| <b>FINAL PAYMENT</b>              |                                   | Date/Time:                         | Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                          | S\$                               | Name 1:                            |                                                                            |
| Payee 2: (Strike if N.A.)         | S\$                               | Name 2:                            |                                                                            |
| Payee 3: (Strike if N.A.)         | S\$                               | Name 3:                            |                                                                            |

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(BR/11/13)

Surveyor:

Tayfun

REF:

AXU

Q243/T1ph3

## 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:

A72K

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBT9614

Yr Regn: 2015 / Nov

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

Truck / Trailer or

Make:

Toyota Altis

c.c 1598

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp.Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAK053RE4164538589

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:

185/65R14

R:

22

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

21/5/18

Survey held at

Mona Kan Young

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear O/S, U/C

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

No key

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

) \$ + RS. SI

) Photos

) Others

Report Format :

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

TOTAL