

INS. CASE OWNER:

CC 6, CTI 180 10393, Awa3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

5/6/18

Date / Time :

5/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II :SS D.O.A : :

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

SLK 596Y

INSRS: My Solution
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLK 596Y - X

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: L/\$S\$ 7,200 (8 days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/4/2020 Confirm with WONG

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 28

If NO or B 28, Ass. Lia : 0

Repair Cost: (w/GST) \$S\$ 7,704.00

4 veh c.c, OI 3rd veh

Loss of Rental (LOR): \$S\$ (days)

Loss of Use (LOU): \$S\$ 720 (\$80 x 9 days)

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

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

GIA/LTA Search \$S\$ 7.45

Medical: \$S\$

Disbursement: \$S\$ (e.g. Tow/ Independent)

Legal Cost \$S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$400

Total: \$S\$ 8,431.45

Global Sum \$S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$S\$ 8,431.45

Name 1: MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.) \$S\$

Name 2:

Payee 3: (Strike if N.A.) \$S\$

Name 3:

ASS. REC. BY: Adrian Ling

REF:

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.**

N/S	O/S

Bal. or Market Value: _____

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**Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLK596Y. Yr Regn: _____ /Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra c.c _____Colour: Grey A/C: **Insured / Std / NI / NA**Sp.Reading: 24239 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: _____

Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **In order / Jammed / Leaked / Burnt** orBrake: **In order / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** orTyre Size: F: 195/65R15R: 195/65R15**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or Nexen.

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 05/06/18Survey held at M6 SolutionDes. of Damages: **Frnt / Rear / O/S / N/S / U/C / Rooftop** orThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction

TP # chim

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:

____S + RS. ____SI

Photos

Others

TOTAL

Report Format :

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

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