15/5/2010

INS. CASE OWNER: CC3/QBE 180 10949 K1ja3

| LKK: |
| IDAC: |

ASSIGNMENT

Surveyor: Awt DOI: 14.6.18 Date / Time: 14/6/18

Registered in Merimen: _____

Pre-assign / CCU / FTE
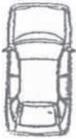
Insured Vehicle No. : PC 2468R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11-06-18

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

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SJR 6326H →
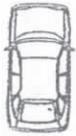
INSRS:
WSP: Premier
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJR6326H, C3/MH1201232/HHK132 ; DOA. 16/06/18	Non-Reporting ltr (1st):	
	-CC3/111 18 120024/HHjq3q2 ; DOA 9/1/18	Non-Reporting ltr (2nd):	
	PC2468R. X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

	Documentation Check List:	Handler	Typist
21/12/2020	Pls refer to VIEWS for details.		
	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/sum S$ 2,100.00 (3 days) Reduction: 40 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/12/2020 Confirm with: Shafawati Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 23 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 2,247.00

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

Loss of Use (LOU): S$ 400.00 ($100 x 4 days)- TP private hire veh

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

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

GIA/LTA Search S$ 2.00

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: $400.00

Total: S$ 2,649.00 Global Sum S$: 2,640.00

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1: S$ 2,640.00 Name 1: Premier Automotive Services Pte Ltd

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

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

Surveyor: Kahz   REF: QBE

From: Date: 14062018

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s   Premier

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 Rport: 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: SJR 6326H   Yr Regn: 2H 2009

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

Make: Mazda 3   c.c 1598

Colour: Grey   A/C: Insured / Std / NI / NA

Sp.Reading 137021   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BL1021A010532

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: 205/55R16
            R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or   Maxxis

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 11/6/18		D.O.I. 14/6/18	

Survey held at   Premier

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?   ☐ : **Preli. Report**

1)   ☐ : **Final Report**

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:	
Transportation:	
) S + RS SI	
) Photos	
) Others	
TOTAL	