15/5/2010

INS. CASE OWNER: Jaclyn | CC 4/AIG 180 1109, K fa39/L pahkin | LKK: IDAC:

ASSIGNMENT

Surveyor: KCL DOI: 19.6.18 Date / Time: 18.6.18

Registered in Merimen: 19-6-18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKB5288M	Claim No. :	
Name of Insured :	GOH GOK ELAN	Policy No. :	17001809
Insured Tel No. :	HP:	Make / Model :	M.BENZ S320
Excess Sec II :S$	D.O.A : 14.6.18	Place of Accident :	Junction of Amk Ave 8 & ...
Is driver the owner? (YES / NO)		Nature of Accident :	M31
If NO, Driver Name / Age :	HAN MENG GEW	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	96926699 (V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

RD6132D →

INSRS: WSP: Soon Hock Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
27/6 OPC	RD6132D - NB01C7.18002222/4 : DOA: 20/12/18 SKB5288M - CC4/ASM18000626/PT/j63: DOA: 9/1/18	
20/6	Video uploaded in Merimen.	
26/6	E-mail to Jaclyn to seek reject mandate	
3/7	E-mail to TP to reject their claim	
	pending finalize LOR to close case ✓	
	RECEIVED 26 NOV 2018	
	After repair photo ✓	

Reject Case — By (staff): Pohkin; Approved by: ; Date: 26/11/18

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:		

PRELIMINARY ADVICE	Date/Time: 22/6/2018	Sent By: HMK	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 10,550.00 (6 days)	Reduction: 41.74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No.: H11	If NO or B 28, Ass. Lia : TP beat red light as per OI video footage
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		COPY SENT 26/11/18
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250.00
Total:	S$	Global Sum S$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

REF: AG

ASSIGNMENT

From: Date: 19/6/18

Estimated Cost:

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

To Inspect Vehicle No: RD 6132D

at Workshop m/s Soon Huck Motor

of Blk 10, AMk Ind. Park 2A # 01-05/06

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: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: RD 6132D Yr Regn: /

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

Make: BYD (A) c6y c.c

Colour White / Green A/C: Insured / Std / NI / NA

Sp.Reading 253853 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LCOCE4DB2F-1000933

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: Westlake 235/65R17

R: Neutan

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	3 mm
L/Bal.	8 mm	L/Bal.	3 mm
D.O.A.	14/6/18	D.O.I.	19/6/18

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
20/6	File pass to Catherine

U/S $10,550.00 (Ded $7,559.18 / 41.74 %)

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___$ + RS.___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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