rs3

15/5/2018

INS. CASE OWNER: CC4/LPC1801 3411, FWh

LKK:

IDAC:

ASSIGNMENT

Surveyor: Elnneth. DOI: 15/7/18 Date / Time : 22/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SFL 737P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 5/7/18 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**

SLF 370Y11 → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: LOU Bradley	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLF 370Y11-Y SFL737P-Y

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: P/P S$ 439.20 (3 days) Reduction: % 89 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23/02/2021 Confirm with CECILIA Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. NIL	If NO or B 28, Ass. Lia :
Repair Cost: 469.94	S$ 234.97	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU): 240.00	S$ 120.00 ($ 60 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Norma[redacted]
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: ~~400.00~~ 450.00
Total:	**S$ 356.97**	**Global Sum S$:**

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

Payee 1:	S$ 356.97	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY:

REF: LPC

ASSIGNMENT

From: Date: 25/7/18

Estimated Cost:

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

To Inspect Vehicle No: SLF 2707H

at Workshop m/s Comfort Delgro

of 205 Braddell Road

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 10:30 am @ owner waiting

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: 03 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLF 2707H Yr Regn: 08, 06

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

Make: Honda Vezel (A) c.c 1496

Colour M. Brown A/C: Insured / Std / NI / NA

Sp.Reading 11319, T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1 · 1204739

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: Achilles 215/60R16

R: Dun

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.	5/7/18	D.O.I.	25/7/18

Survey held at ✓

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

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

Date / Time	Action / Instruction
26/7	File pass to Catherine

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	