CC3/III18013595/Kpa3

15/5/2010

INS. CASE OWNER: Aida | ~~CC3/III1801 3595 / Kpa3 SZ~~ | LKK: IDAC:

ASSIGNMENT

Surveyor: Fennetm. DOI: 25/7/18 Date / Time: 25/7/18

Registered in Merimen: 20/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 7641D.		Claim No. :	
Name of Insured : CTPL		Policy No. : MC0M0015	
Insured Tel No. :	HP:	Make / Model : HYUNDAI	
Excess Sec II :S$	D.O.A : 18/7/18	Place of Accident : BATTERY RD	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : FAM WUI YIN (FAN WEIREN)		OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SHC 5575P →

INSRS: WSP: Trans cab. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
21/7/18	SHC5575P -X	Non-Reporting ltr (1st):	
	SHA7641D - LL [III]1800607 / Sw63 OW. 4/4/18	Non-Reporting ltr (2nd):	
Aida		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
7.8.18	SEEK MANDATE FOR LIABILITY.	After call ltr to OI:	
		Documentation Check List: Handler	**Typist**
	MANDATE APPROVE LIABILITY.	Notification ltr (if non-pickup)	
		After call ltr to OI:	
23.5.19	FILE PASS TO TYPIST TO PREPARE REPORT.	Authorisation To Act:	
		Release Voucher:	
8/8/19	seek mandate via merimen	Final Repair Bill:	
		Car Rental Invoice:	
15/11/21 -	pls refer to status	Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KS
Repair Cost: LS	S$ 19,950 (" days) Reduction: 69 %		Email ✓ Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: WIGST	S$ 21,346.50	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 1420.44 (14 days) x 101.46		
Loss of Use (LOU):	S$ - (S x days)		
Loss of Income (LOI):	S$ 560 (S 40 x 14 days)		
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: TP
Legal Cost	S$ -		3) Survey fee: $600-00
Total:	**S$** 23326.94	**Global Sum S$:** 23300-00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call
Payee 1:	S$ 23300-00	Name 1: Trans-cab Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth | REF: T/1 /

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Trans Cab

of ______

Insured: ______

Policy No. ______

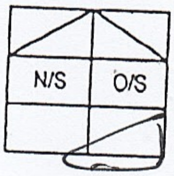
Claims No. ______

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: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 11 ~~20~~ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: ______ Person Contacted: ______ Vehicle: IN / OUT

Veh No: SHC 5575P Yr Regn: 09, 14

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

Make: Renault Latitude (A) c.c 1995

Colour: M.White / Red A/C: Insured / Std / NI / NA

Sp.Reading 534883 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: VF1ABL15AUC · 279337

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: 215/60R16

R: ______

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

Front			Rear		
R/Bal.	9	mm	R/Bal.	9	mm
L/Bal.	9	mm	L/Bal.	9	mm
D.O.A.	18/7/18		D.O.I.	25/7/18	

Survey held at ______

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

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

Date / Time	Action / Instruction
26/7	File pass to Catherine
9/5/19	L/Sum @ 1995cl Confirm Japanese (11+7 X 101.46 + 720) KIV taken police document
	(RED: • 45,012.21 69%)

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

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

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	