15/5/2010

INS. CASE OWNER: RA. | CC4, AAA 180 14442, Klea3   LKK:
IDAC:

Surveyor: AWK   DOI: 8/8/18   **ASSIGNMENT**   Date / Time: 8/8/2018
Registered in Merimen: 6/8/18 by Jug.

Pre-assign / CCU / FTE

SHB 7886 J

Insured Vehicle No. :	SHB 7886 J
Name of Insured :	TRANS-CAB SERVICES PLC
Insured Tel No. :	
Excess Sec II :S$	5,000-00 HP: D.O.A: 6/8/2018
Is driver the owner?	(YES / NO)

Claim No. :	CO474192
Policy No. :	P16305 20
Make / Model :	
Place of Accident :	

Nature of Accident :

If **NO**, Driver Name / Age :
Driver Tel No. :   (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability :   %   **Final ? Yes / No**

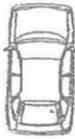SHO 1404 X →

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
	SHO1404X - CC3/IN180/0158/1leA3 ; DOA: 27/5/18	Non-Reporting ltr (1st):	
	- CC4/AAG180/3031/Klea3 ; DOA 17/7/18	Non-Reporting ltr (2nd):	
	- CC3/C711/80/23062/KleA3n2 ;DOA: 21/4/1	Non-Reporting ltr (Final):	
	- CSAmy/k4 7018893/Gybn2 ; DOA: 29/8/17	Notification ltr (if non-pickup):	
		Call OI:	
	SHB7886J - CC3/AAG13/0 23802/Kra3c3 ; DOA : 16/12/13	After call ltr to OI:	
	- CC6/AAG130 12668/1Cpa3c3 ; DOA:8/8/13	**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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time:	Confirm with	Email [ ] Call [ ]
Final Liability:	% (Agreed / Assessed) BOLA S/N No. ;		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x 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:
Legal Cost	S$		3) Survey fee:
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:	

(08/11/13)

Surveyor: Kalvin   REF:

ASSIGNMENT

From: _____   Date: _____

EstimatedCost: _____

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

To Inspec 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 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: SHD1404X   Yr Regn: 29 Jun, 2017

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

Make: Hyundai I30   c.c 1582

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

Sp.Reading 149584   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMAD2814VHJ128015

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: 195/67R15

               R: -1

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. 6/8/18		D.O.I. 8/8/18	

Survey held at   Premier

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

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

Date / Time	Action / Instruction
	AAA

Date/Time, File Pass to?   [ ] : Prell. 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	