

15/5/2010

INS. CASE OWNER:

CC 3/AXA1801 + 472, F*bb

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

n/a/18

Date / Time :

n/a/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 5097U

Claim No. :

S8M00WJ0

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A. :

n/a/18

Place of Accident :

Is driver the owner? (YES / NO)

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

SHD 5097U



INSRS:

WSP:

Tel :

Liability :

RMKS:

trans cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHD 5097U	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:			
Repair Cost: P/P	\$S 3,034.34 (2 days) Reduction: 7.57 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 27/04/2020 Confirm with: WAI YIN Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/gst)	\$S 3,246.74	OI REAR ENDED TP	
Loss of Rental (LOR):	\$S 530.28 (4 days) X \$132.57		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S 200.00 (\$50.00 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]			
GIA/LTA Search	\$S 7.45		
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: \$350.00	
Total:	\$S 3,984.47 Global Sum \$S: 3,800.00		
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐			
Payee 1:	\$S 3,800.00 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:

REF:

A.M.

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

19 File pass to Catherine, for injur.
2 3034.34

R= \$37,069.35/ 7.57%

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 (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Veh No:

S140 5394

Yr Regn:

12, 17

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1995

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

73682

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 283239

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: 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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

20/9/1

D.O.I.

21/9/18

Survey held at

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

Rear N/S

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