

15/5/2010

INS. CASE OWNER:

CC Y <sup>ARM</sup> AXA1801 8712, U1117

LKK:

IDAC:

Surveyor:

maruas

DOI:

ASSIGNMENT

15/10/18

Date / Time :

16/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

6BB 8057A

Claim No. :

S6M00XWP/75051

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

STP 9m3y.

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:YEW  
TEEINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

04/06/2020

Pls refer to VIEWS for details

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:		Confirm by:	
<b>FINALIZATION</b> Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost (Total Loss) S\$ 5,295.00		( days) Reduction: %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: 04/06/2020		Confirm with: Shaun		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 5				If NO or B 28, Ass. Lia :	
Repair Cost (Total Loss) S\$ 5,250.00					
Loss of Rental (LOR): S\$ ( days)					
Loss of Use (LOU): S\$ 960.00 (\$80 x 12 days)					
Loss of Income (LOI): S\$ (\$ x days)					
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]					
GIA/LTA Search S\$ 16.00					
Medical: S\$				1) Claim status: Normal/Reject/Partial	
Disbursement: S\$ (e.g. Tow/ Independent )				2) Report Format: TP	
Legal Cost S\$				3) Survey fee: \$350.00	
<b>Total:</b> S\$ 6,226.00		<b>Global Sum</b> S\$ 6,200.00			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 6,200.00		Name 1: YEW TEE AUTOMOBILE TECH PTE LTD			
Payee 2: (Strike if N.A.) S\$		Name 2:			
Payee 3: (Strike if N.A.) S\$		Name 3:			

Surveyor no/cus

REF:

APA/

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:

GIA / PR Seen:

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

tel 6760 4895

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

TOTAL 1055 6 mth plus. rep 11k  
LTA as at 16-10-18 9725 nett 5295  
MV 15k agree with Repairer shown

MV: \$15,000.00(est)

LTA Rebate: \$9,705.00 (est)

Nett Value: \$5,295.00 (est)

Date/Time. File Pass to?

1)

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 + PS \_\_\_ \$

) Photos

) Other

TOTAL