15/5/2010

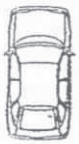
INS. CASE OWNER: CC 6 / MG 180 21849 / R1 fa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MRB DOI: 30/11/2018 Date / Time : 30/11/2018

Registered in Merimen: 4/12/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : GR9873K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

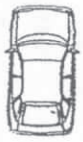
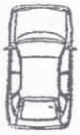
Excess Sec II :S$ D.O.A : 28/11/2018 Place of Accident :

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**

SHB 6000 E → → →

 INSRS: WSP: Tel : Liability : RMKS: SMRT ,WL	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB 6000 E / MAT AG 180 05/24 ; DOA: 28/11/2018 GR9873K)

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: L/S S$ 1,250 (3 days) Reduction: 3,719.73/75 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/11/2020 Confirm with Lee Gek Email ✓ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,250.00		
Loss of Rental (LOR):	S$ 505.60	(5 days) X $101.12	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$ 250	($ 50 x 5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7		
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: $320
Total:	S$ 2,012.6	**Global Sum S$:** 2,000.00	

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

Payee 1:	S$ 2,000.00	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor Rasul | REF: | 5368K

ASSIGNMENT

From: | Date: 30/11/18

Estimated Cost:

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

To Inspect Vehicle No: SHB 6000E

at Workshop m/s SMRT

of (woodlands)

Insured:

Policy No.

Claims No.

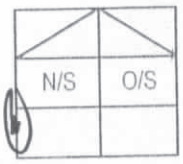
Sum Insured: | Excess:

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lup

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHB 6000G Yr Regn: 2013 / OLT

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

Truck / Trailer or

Make: TOYOTA PRIUS c.c 1798

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

Sp.Reading 516418 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN3DU705693626

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: 195/65R15

R: "

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

TOYO / YOKO or FALKEN

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 28/11/18 D.O.I. 30/11/18

Survey held at SMRT

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

N/S Rear

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

Date / Time	Action / Instruction
	11/18/2130
	AIG
	GR9873K

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