gs3

15/5/2010

INS. CASE OWNER: Cynthia | CC 4/~~AXA~~1900 3196; 82 [illegible] | LKK: IDAC:

ASSIGNMENT

Surveyor: Kamin DOI: 20/7/19. Date / Time : 10/7/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 9440D. Claim No. : Sample Fm/ 96391

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 18/7/19 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**

SHO 1053A → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: premier	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHO 1053A → GBE 9440D-1
	✱ amend claim.
	- DINK

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: P/P	S$ 2684.00 (3 days) Reduction: 656.40	% 19	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/06/2020	Confirm with SHAFAWATI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	22	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2871.88		
Loss of Rental (LOR):	S$ 401.56 (4 days) x100.39		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☑ [Tick only one]			
GIA/LTA Search	S$ 2.00		
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: $350.00
Total:	**S$** 3475.44	**Global Sum S$:** 3400.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3400.00	Name 1:	PREMIER AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor: Kelvin | REF:

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.

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: SHD1053A Yr Regn: 21 Jan, 2016

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

Make: KIA Optima c.c 1685

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

Sp.Reading 297679 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM414MF5 658869

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: 205/65R16

R: _____

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.	19/2/19	D.O.I.	20/2/19

Survey held at Premier

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

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

Date / Time	Action / Instruction
	AxA 4s

Date/Time, File Pass to? _____ 1) _____

Date/Time, File Return to? _____ 2) _____

☐ : Prell. 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	