

INS. CASE OWNER:

CC 3, ALH 1900 3703, Cha's

LKK:

IDAC:

Surveyor:

142

DOI:

ASSIGNMENT

26/2/19

Date / Time:

26/2/19

Registered in Merimen:

27/2/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

560 6487K

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

20/2/19

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

SHC 5666K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHC 5666K - CC3 ALH 1701680012003 : 26/2/19
 SHC 5666K - CC3 ALH 1701680012003 : 26/2/19
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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\$ 750.00

(2)

days

Reduction: 14,751.50

% 94

Email

Call

FINAL SETTLEMENT

Date/Time: 24/02/2021

Confirm with WAI YIN

Email

Call

Final Liability:

% 50

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: 802.50

S\$ 401.25

W/GST

Loss of Rental (LOR): 290.97

S\$ 145.49

(3)

days

x 96.99

Loss of Use (LOU):

S\$ (\$ x days)

TP BI SETTLE AROUND 50%

Loss of Income (LOI):

S\$ (\$ x days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

LOI CLAIMED UNDER BI PREVIOUSLY

GIA/LTA Search

S\$ 7.49

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee:

\$320.00

Total:

S\$ 554.23

Global Sum S\$:

550.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 550.00

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: 16/

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.

N/S	O/S

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: _____

20

%

3 Val.: _____

Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

S/H 3668K

Yr Regn: _____

11 / 14

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 _____

460 P72

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VF1ABL15AUC

279757

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NIT / 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 _____

Giti

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

20/2/19

D.O.I. _____

26/2/19

Survey held at _____

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

O/S Rec

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

Date / Time

Action / Instruction

1 / File pass to
B960h

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)