

INS. CASE OWNER:

CC 4, ALG 190 04923, 0ka3

LKK:

IDAC:

Surveyor:

ABT

DOI:

ASSIGNMENT

19/3/2019

Date / Time:

19/3/2019

Registered in Merimen:

18/3/2019

Pre-assign / CCU / FTE

SLK 3956Y



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 18/3/2019

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

FBN 3796U



INSRS:

WSP: SG 98

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FBN 3796U - X ; SLK 3956Y - X

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L/S S\$ 2900.00 (4 days) Reduction: 2438.80 % 46

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/02/2021 Confirm with LINDA

Email ☒ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 20

If NO or B 28, Ass. Lia :

Repair Cost: 2900.00 S\$ 1450.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 60.00 (\$ 30 x 4 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$

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\$ 1510.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 1510.00

Name 1: SG 98 MOTOR PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

(08/11/13)

REF

ASS. REC. BY:

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: _____

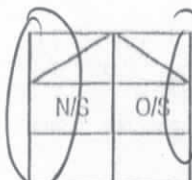
Excess: _____

(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: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBN 3796UYr Regn: 2018 Sept

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

Truck / Trailer or

Make: Yamaha Sniper T150c.c 150Colour: silver

A/C: Insured / Std / NI / NA

Sp. Reading: 18824

T/Radio: Insured / Std / NI / NA

Eng/No: G3E6FO424188C/No: MH3UG074050120575Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

70/80 R17

R: _____

70/80 R17

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

TOYO / YOKO or

Volans

Front

Rear

R/Bal. 4 mmR/Bal. 4 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 10/03/2019D.O.I. 19/03/2019Survey held at SG 98 MANV AMK

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

N/S Portion y o/s Portion

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

Date / Time

Action / Instruction

ALG SLK 3956 YMV 7.8KLIA 3.3KHL 4.5K30/07/19 Insured 2/5 29001 - with 4 days of rep

Date/Time, File Pass to?



Preli. 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

Report Format: _____

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