K1rs3q2

19/5/2010

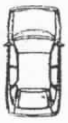
INS. CASE OWNER: CC 3/CTI1900 5883 / [illegible] | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 7/4/19 Date / Time : 7/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 2016 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

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

SHB 8487X → → →

INSRS:
WSP:
Tel :
Liability :
RMKS: premier

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 8487X - X YP-2016-7

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/SUM S$ 800.00 (2 days) Reduction: 54 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/01/2021 Confirm with SHAFAWATI Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 856.00

Loss of Rental (LOR): S$ 208.90 (2 days) x $104.45

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ 100.00 ($ 50 x 2 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: 400.00

Total: S$ 1,166.90 **Global Sum S$:**

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

Payee 1: S$ 1,166.90 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: Kalvin | 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 8487X Yr Regn: 904, 2013

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 52303 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGN413ME5446998

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: 215/60R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	30/3/19	D.O.I.	2/4/19

Survey held at Premier

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

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

Date / Time	Action / Instruction
	CTI

Date/Time, File Pass to? 1) _____ Date/Time, File Return to? 2) _____

☐ : Prell. Report ☐ : Final Report

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 + RS__SI	
Photos	
Others	
TOTAL	