INS. CASE OWNER: Peter Wang | CC 4, ASM 1900 7955 , 11ha3 | LKK: IDAC: 113896

ASSIGNMENT

Surveyor: m/m DOI: 6/5/19 Date / Time : 6/5/2019

Registered in Merimen: -

Pre-assign / CCU / FTE

Gx

Insured Vehicle No. : SBN9998P Claim No. : S9M01MAF

Name of Insured : Ong Ghim Hock Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/5/19 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SBN 9998P → SLV 4196J → GBC 8761Z →

SBN 9998P	SLV 4196J	GBC 8761Z	
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: Cheng Auto	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : TP	Liability :	Liability :
RMKS: OI	RMKS:	RMKS:	RMKS:

Date/ Time

SLV4196J. CC6/MG1900 7919/Uj63 ; DOA: 2/5/19

SBN9998P. CC7/MG1300 1469/Ca3W2 ; DOA: 2/1/13

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:		

RELIMINARY ADVICE Date/Time: Sent By:

NALIZATION	Date/Time:	Confirm with:	Confirm by:
pair Cost:	S$ (days)	Reduction: %	Email Call
NAL SETTLEMENT	Date/Time:	Confirm with	Email Call
al Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
pair Cost:	S$		
ss of Rental (LOR):	S$ (days)		
ss of Use (LOU):	S$ ($ x days)		
ss of Income (LOI):	S$ ($ x days)		
R only	LOU only	LOR + LOU LOR + LOI **[Tick only one]**	
A/LTA Search	S$		
dical:	S$		1) Claim status: Normal/Reject/Private Settle
sbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
gal Cost	S$		3) Survey fee:
tal:	S$	**Global Sum S$:**	
NAL PAYMENT	Date/Time:	Confirm with:	Email Call
yee 1:	S$	Name 1:	
yee 2: (Strike if N.A.)	S$	Name 2:	
yee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor Tanjin | REF: KSMCAXA)

ASSIGNMENT

From: | Date: 6/5/19

Estimated Cost:

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

To Inspect Vehicle No: SLV 4196J

at Workshop m/s Cheng Auto

of 5 Soon Lee Street #01-62

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Car In

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value: 490K.

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 / up

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLV 4196J Yr Regn: 2017, Dec.

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

Make: Mazda 5 c.c 1998

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

Sp.Reading 30751 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CW1071H0127312.

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 / 55106

Tyre Size: F: 205 / 55 R16

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	6/5/19 @ 3.50pm

Survey held at Cheng Auto.

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

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

rebate $54,388.

Date / Time	Action / Instruction

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	