

15/5/2010

INS. CASE OWNER:

Joel Eoh

CC 4 /EQI1900 8/15, E 8P

LKK:

IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

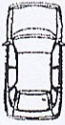
14/1/19

Date / Time :

14/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YP 9776E

Claim No. :

0m/pa4001313

Name of Insured :

BUSSONGFOOD PTE

Policy No. :

0mcpn18-00 fux8

Insured Tel No. :

HP:

Make / Model :

HINO

Excess Sec II :\$S

D.O.A. :

8/1/19

Place of Accident :

Beyuang wle 3

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

wang zhi ming

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJS 2569U



INSRS:

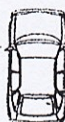
WSP:

Tel :

Liability :

RMKS:

3A Automobile



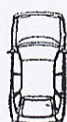
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJS 2569U → YP 9776E →
 *EQ: To obtain TP video
 PIC: Poh Kin

18/1/19

NO video from TP. Only scene photos

29/1/2020

Based on scene photos, TP
 version is more credible. To
 settle at best.

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:

Jsum

S\$

4900.00

(6

days) Reduction:

60

%

Email

Call

FINAL SETTLEMENT

Date/Time:

29/1/2020

Confirm with:

Lydia

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

NILE (G/S)

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

4900.00

Loss of Rental (LOR):

S\$

—

(S

x

7

days)

Loss of Use (LOU):

S\$

420.00

(S

x

7

days)

Loss of Income (LOI):

S\$

—

(S

x

—

days)

LOR only

LOU only

LOR + LOU

LOR + L.O

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

—

Disbursement:

S\$

—

(e.g. Tow/ Independent)

Legal Cost

S\$

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

#4W-W

Total:

S\$

5322.00

Global Sum S\$:

5300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5300.00

Name 1:

3A Automobile Pte Ltd

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

INVOICE

Steve

REF:

ASSIGNMENT

From

Date:

Estimated Cost

QD / 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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6 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

SJS 25694

Yt Regn.

6/8/09

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

Truck / Trailer or

Make:

Toyota VIOS J

cc 1497

Colour

slvr

A/C Insured / Std / NI / N

Sp. Reading

238753

T/Radio: Insured / Std / NI / N

Eng/No:

Ci/No:

MR 053HY 930511 5971

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:

185/60R15

R:

11

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

TOYO / YOKO or

NEXEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

8/5/19

D.O.A.

14/5/19

Survey held at

3A Automobile

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

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

Date / Time : Action / Instruction

MV - 43,900
PV - 32,096
NV - 10,904

45 \$ 49w (Reel) 7360.26/64

Date/Time. File Pass to?

☐

: Prel. Report

4)

☐

: Final Report

Date/Time. File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + R. 31

) Photos

) Collect

) ..

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

FORM