

Surveyor:

Adrian

DOI:

ASSIGNMENT

27/3/20

Date / Time :

27/3/20

Registered in Merimen:

28/3/20

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKT 6858P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

10/4/20

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

SKT 9694



INSRS:

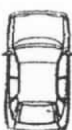
WSP:

Tel :

Liability :

RMKS:

Hua Meng



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKT 9694-X

SKT 6858P-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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L/S S\$ 3,500

(5

days) Reduction:

78

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 27/3/2020

Confirm with jing yee

Email ☒Cal ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 3,500

Loss of Rental (LOR):

S\$ -

(-

days)

Loss of Use (LOU):

S\$ 400

(\$ 80

x

5 days)

Loss of Income (LOI):

S\$ -

(\$ -

x -

days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Write Off

2) Report Format:

TP

3) Survey fee:

\$320

Total:

S\$ 3,907.49

Global Sum S\$: 3,857

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Cal ☐

Payee 1:

S\$ 3,857.00

Name 1:

HUA MENG SPRAY PAINTING WORKSHOP

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASSIGNMENT

Adrian

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 / IPR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SKT9694Yr Regn: 2016 / Jan.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Harrier c.c. 1986Colour: Black A/C: Insured / Std / Nil / NASp. Reading: 65059 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ZSU600062201Gen. 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: _____

R: _____

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

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 27/05/19Survey held at Hua MengDes. 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

TPA16MV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Preli. Report:

Final Report: