15/5/2010

INS. CASE OWNER: CC 6/AIG1900 0405 / Akb3. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 27/5/20. Date / Time : 27/5/20.

Registered in Merimen: 28/5/20.

Pre-assign / CCU / FTE

Insured Vehicle No. : SKK 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 969U. → → →

INSRS: WSP: Hua meng Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKT969U-X SKK6858P-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$ –	1) Claim status: Normal/[redacted]
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ –	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:	

ASS. REC. BY:

Adrian

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKT9694 Yr Regn: 2016 / Jan.

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

Make: Toyota Harrier c.c 1986

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

Sp.Reading 65059 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZSU60006220 1

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: 235/55R18

R: 235/55R18

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	27/05/19

Survey held at Hua Mong

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
	TPAIG.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?	Date/Time, File Return to?
1)	2)
3)	4)
5)	6)
Preli. Report:	
Final Report:	

Part Prices Check:

IN	OUT

Survey Fee:	Date:
Basic & Add.	
__ S +RS, __ SI	
Photos	
Others	
TOTAL	