

INS. CASE OWNER:

CC 3 / AIG190 / 11789 / Kea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

2/7/19

Date / Time :

2/7/19

Registered in Merimen:

3/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 37235

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 1/8/19

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 9644C

INSRS:
WSP: Trans-cab
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB 9644C : CC3 / AXA / 6004071 / Kyg392

D.O.A : 1/3/16

: CC3 / CITI / 12965 / Kea3

: CC3 / EQI / 16023942 / Kyg392

D.O.A : 13/8/18

D.O.A : 13/12/16

SLM 37235 : 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:

S\$

(

days)

Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF:

A/G

Kenneth

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:

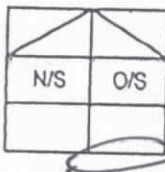
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 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:

S1TB 9644C

Yr Regn:

09, 14

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

Truck / Traller or

Make:

Renault Latitude c.c.

1995

Colour:

M. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

555 606

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1 ABL 15 AUG 279415

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

D mm

R/Bal.

D mm

L/Bal.

D mm

L/Bal.

D mm

D.O.A.

1/7/19

D.O.I.

2/7/19

Survey held at

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

Rear only

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

Date / Time

Action / Instruction

1

File pass to

11 Sep @ 2450h

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Trans-cab Auto Services Pte Ltd**AAD1907-013**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9644C

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHB 9644C

VF1ABL15AUC279415

RENAULT

LATITUDE

1.7.19

AIG

30/9/2014

		PART		LIST
1	1	BUMPER COVER REAR	\$	1,108.46
2	1	BUMPER LOWER REAR	\$	768.84
3	1	BUMPER BRACKET CTR REAR	\$	113.47
4	1	BUMPER BRACKET SIDE RH REAR	\$	135.97
5	1	BUMPER RETAINER RH REAR	\$	44.99
6	1	BUMPER REFLECTOR RH	\$	43.61
7	1	BUMPER BRACKET SIDE LH REAR	\$	135.97
8	1	BUMPER RETAINER LH REAR	\$	44.99
9	1	BUMPER REFLECTOR LH	\$	43.61
10	1	BUMPER BEAM REAR	\$	777.52
11	1	BUMPER BEAM BRACKET LH REAR	\$	225.95
12	1	BUMPER BEAM BRACKET RH REAR	\$	225.95
13	1	OUTER PANEL REAR (End Panel)	\$	1,471.77
14	1	OUTER PANEL REAR (End Panel)TRIM	\$	404.56
15	1	TAILLAMP RH	\$	552.55
16	1	TAILLAMP PANEL RH	\$	986.70
17	1	TAILLAMP LH	\$	552.55
18	1	TAILLAMP PANEL LH	\$	986.70
19	1	BOOT REAR	\$	2,872.68
20	1	BOOT FINISHER	\$	470.06
21	1	BOOT WHEATERSTRIP	\$	323.05
22	1	BOOT REFLECTOR LAMP LH	\$	493.35
23	1	BOOT REFLECTOR LAMP RH	\$	493.35
24	1	BOOT BADGE 'RENAULT'	\$	225.36
25	1	BOOT BADGE	\$	225.36
26	1	BOOT STRUT LH	\$	276.08
27	1	BOOT STRUT RH	\$	276.08
28	1	BOOT HINGE LH	\$	367.84
29	1	BOOT HINGE RH	\$	367.84

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30	1	BOOT INNER TRIM	\$	586.45
31	1	BOOT SWITCH	\$	168.13
32	1	BOOT LOCK	\$	202.67
33	1	BOOT LOCK CATCH	\$	74.40
34	1	EXHAUST REAR	\$	7,489.05
35	1	EXHAUST CAP REAR	\$	230.49
TOTAL			\$	23,766.42
10%			\$	2,376.64
			\$	21,389.78

Special Nett

1	1SET	PARKING AID	\$	700.00
2	1SET	REAR BUMPER CLIP	\$	66.00
3	1SET	BUMPER BRACKET CTR CLIP	\$	33.00
4	1SET	BUMPER BRACKET SIDE CLIP RH RR	\$	10.00
5	1SET	BUMPER RETAINER RH CLIP RR	\$	20.00
6	1SET	BUMPER BRACKET SIDE CLIP LH RR	\$	10.00
7	1SET	BUMPER RETAINER CLIP LH RR	\$	20.00
8	1SET	BUMPER LOWER REAR RIVET	\$	22.00
9	1SET	BUMPER LOWER REAR CLIP	\$	66.00
10	1	BOOT STICKER "Trans-cab"	\$	30.00
11	1	BOOT STICKER "6555-3333"	\$	30.00
12	1	EXHAUST MOUNTING REAR	\$	17.82
13	2	REAR WINDSCREEN SEALANT	\$	80.00
14	1	WINDSCREEN MOULDING	\$	100.00
15	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
16	1	BOOT INNER TRIM CLIP	\$	45.00
17	1SET	BOOT FINISHER CLIP	\$	24.20
18	1	TAILLAMP CLIP LH	\$	5.00
19	1	TAILLAMP CLIP RH	\$	5.00
TOTAL			\$	1,384.02

TOTAL PARTS \$ 22,773.80**LABOUR**

To remove and refit interior fittings, trimings, garnish,
fittings and other, to enable repair.

\$ 380.00

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SHB 9644C

To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00
To Check Electrical Lighting Concerned.	\$	170.00
To Rust-Proofing Of The Affected Areas.	\$	170.00
To transfer of tire, rim and on wheel balancing.	\$	170.00
To reinstall rear bumper parking sensor.	\$	170.00
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	4,500.00
Putty And Spray Painting Of The Affected Portion.	\$	4,500.00
To repair and realign rear exhaust pipe.	\$	170.00
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00
To check steering geometry and computer wheel alignment	\$	220.00
To transfer of rear bumper fittings, attachment and perform water seepage test.	\$	380.00
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00

TOTAL \$ 11,890.00**Over All Total \$ 34,663.80****LUMP SUM (REPAIR DAY) 15 DAYS**