

INS. CASE OWNER:

Prinya

CC3 / III 19012081 / Kl pa3

IRK:
IDAC:

Surveyor:

kalvin

DOI:

ASSIGNMENT

8/7/19

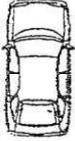
Date / Time:

8/7/19

Registered in Merimen:

2/7/19

Pre-assign / CCU / FTE:



Insured Vehicle No. : *SHD 3945M*

Claim No. : _____

Name of Insured : *CTPL*

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: *5/7/19*

Place of Accident : _____

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

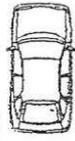
If NO, Driver Name / Age : _____

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

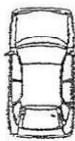
Driver Tel No. : _____ (V/L YES / NO)

Insured Liability : _____ % Final ? Yes / No

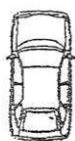
SHB 8686M



INSRS:
WSP: *Premier*
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

13/1/19 - File - type mandate

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <i>PIP</i>	S\$ <i>1577.12</i> (<i>3</i> days) Reduction: <i>47</i> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <i>19/6/2020</i>	Confirm with: <i>Shafanati</i>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <i>50</i> (Agreed / Assessed) BOLA S/N No.: <i>NIL</i>			If NO or B 28, Ass. Lia :
Repair Cost: <i>11687.50</i>	S\$ <i>273.76</i>			
Loss of Rental (LOR): <i>505.08</i>	S\$ <i>252.52</i> (<i>4</i> days) <i>252.52</i>			
Loss of Use (LOU):	S\$ - (\$ x days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ -			
Medical:	S\$ -			1) Claim status: <i>Normal/Reject/Private Settle</i>
Disbursement:	S\$ - (e.g. Tow/Independent)			2) Report Format: <i>PIP</i>
Legal Cost	S\$ -			3) Survey fee: <i>\$ 350.00</i>
Total:	S\$ <i>1096.28</i>	Global Sum S\$: <i>1090.00</i>		
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:	
Payee 1:	S\$ <i>1090.00</i>	Name 1: <i>Premier Automotive Services Pte Ltd</i>		
Payee 2: (Strike if N.A.)	S\$ -	Name 2:		
Payee 3: (Strike if N.A.)	S\$ -	Name 3:		

(08/11/13)

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 8686M Yr Regn: 14 Feb, 2019

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

Truck / Trailer or _____

Make: Honda 2019 c.c. 1580

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

Sp. Reading: 43382 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL 851CVK412963

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or _____

Front 8 mm Rear 8 mm

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 5/7/19 D.O.I. 8/7/19

Survey held at Premer

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

n/s Rear

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

Date / Time	Action / Instruction
	<u>PIV # 1577-12 (Reel # 1372 / 479)</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

____ S + RS, ____ SI

Photos

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format : _____

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