

CC4/AIG19012963/Kgs3

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

23/3/19

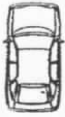
Date / Time:

23/3/19

Registered in Merimen:

23/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDA 6344K

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

22/3/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SW 5636A



INSRS:

WSP:

Tel:

Liability:

RMKS:

soon

Hock



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SW 5636A - X	Non-Reporting ltr (1st):	
SDA 6344K - X	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: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: P/P \$S 2146.52 (3 days) Reduction: 1414.31 % 40	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 31/12/2020 Confirm with WILLIAM Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: \$S 2146.52	OI REVERSE AND HIT ONTO TPV	
Loss of Rental (LOR): \$S (days)		
Loss of Use (LOU): \$S 330.00 (\$ 110 x 3 days)		
Loss of Income (LOI): \$S (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$S 2.00		
Medical: \$S		
Disbursement: \$S (e.g. Tow/ Independent)	1) Claim status: ☒ Normal/Reject/Private Settle	
Legal Cost \$S	2) Report Format: TP	
	3) Survey fee: \$320.00	
Total: \$S 2478.52 Global Sum \$S: 2470.00		
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐		
Payee 1: \$S 2470.00 Name 1: SOON HOCK MOTOR PTE LTD		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		

ASS. REC. BY:

REF:

AUG 1

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:

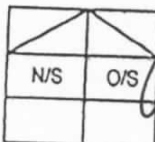
Excess:

(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:

03

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

File pass to

Veh No:

SLV 5636A

Yr Regn:

01, 18

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

Truck / Traller or

Make:

BYD e6

C.C.

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

92380

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

LOEE40B 4H1021754

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

225/65R17

R:

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

Front

Yoko

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

22/7/19

D.O.I.

23/7/19

Survey held at

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

O/S body

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

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

Fixt

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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