15/5/2010

INS. CASE OWNER: CC 3 /AIG1901 3021 , EK63.

LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE
DOI: 23/7/19
Date / Time : 23/7/19
Registered in Merimen: 24/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SKJ 8213S		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 20/7/19.	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 5506U. ⟶ ⟶ ⟶

INSRS: WSP: Tel : SMRT. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHB5506U – NS/MW/1009650/Jqd3er DOA: 25/5/19
	SKJ8213S – 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$ 200 (1 days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/4/2020	Confirm with Lee Gek	Email ✓ Call ☐
Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : 20	If NO or B 28, Ass. Lia :
Repair Cost: 200.00	S$ 100		
Loss of Rental (LOR): 337.05	S$ 168.52	(3 days) x $112.35	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI): 150	S$ 75	($ 50 x 3 days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search 7.00	S$ 7.00		
Medical:	S$		1) Claim status: Normal/[redacted]
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320
Total: 694.05	S$ 350.52	**Global Sum S$:** 400	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 400	Name 1: SMRT TAXIS PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor: Steve | REF: A16

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. SHB 5506U | Yr Regn: 1/11/17

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

Make: Toyota Prius | c.c 1797

Colour Maroon | A/C Insured / Std / NI

Sp.Reading 184 884 | T/Radio: Insured / Std / N

Eng/No:

C/No: JTDKB3FU70553278

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: 195/65R15

R: 11

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

Front		Rear
R/Bal. 5	mm	R/Bal. 5
L/Bal. 5	mm	L/Bal. 5
D.O.A. 20/7/19		D.O.I. 23/7/19

Survey held at SMRT

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

The U/C / Chassis frame / Body Structure affected due to col

Date / Time	Action / Instruction
	SKJ8213S 07/19/2080

Date/Time, File Pass to?

1) ☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation

) S + RS $

) Photos

) Other

) ..

TOTAL