

INS. CASE OWNER:

IDAC:

Surveyor:

DOI:

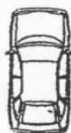
ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

6255888326SG



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

PBF 5919L



INSRS:

WSP:

Tel :

Liability :

RMKS:

1130



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PBF 5919L - X

SKZ 17164 - 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:

04/08/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S

S\$ 3,680.00 (3 days) Reduction: 37.55 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 03/08/2020 Confirm with RAYMOND

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 9A

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 3,937.60

Loss of Rental (LOR):

S\$ (days)

Loss of Use (LOU):

S\$ 60.00 (\$ 30 x 2 days)

Loss of Income (LOI):

S\$ (\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$ 3,999.60

Global Sum S\$:

3,900.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3,900.00

Name 1:

BAN HOCK HIN CO PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320.00 TP

(08/11/13) Wef

ASS. REC. BY: *Marcus*

REF:

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐
☐

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

) S + RS SI

) Photos

) Others

)

Report Format :

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

TOTAL