15/5/2010

INS. CASE OWNER: CC 3/AIG1901 3184 / Ekh3. | LKK: | IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 26/7/19 Date / Time : 26/7/19.

Registered in Merimen: 26/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 6260Y. Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/7/19. 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**

SHF 1857 → → →

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

Date/ Time	
	SHF 1857 – X GBA 6260Y – 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: P/P S$ 2,064.12 (4 days) Reduction: 75 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/3/2020 Confirm with LEE GEK Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,064.12	
Loss of Rental (LOR):	S$ 604.55 (5 days) X $120.91	
Loss of Use (LOU):	S$ 250 ($ 50 x 5 days)	
Loss of Income (LOI):	S$ – ($ – x – days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ✓ [Tick only one]	
GIA/LTA Search	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: $320
Total:	**S$** 2,925.67 **Global Sum S$:** 2,900	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 2,900	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Assignee: 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. SH F 185Z | Yr Regn: 19/12/17

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 214368 | T/Radio: Insured / Std / NI

Eng/No:

C/No: JTD KB3FU 903578997

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: 195/55R15

R:

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

Front		Rear
R/Bal. 5	mm	R/Bal. 5
L/Bal. 5	mm	L/Bal. 5

D.O.A. 24/7/19 | D.O.I. 25/7/19

Survey held at SMRT

Des. 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
	07/19/2095 GBA 6260Y

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) S + RS $

☐ Interview ($) Photos

☐ Tech Invs ($) Other

☐ Weekend ($)

TOTAL

Report Format :

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