

INS. CASE OWNER:

NG Stacey

CC4/ASM19014308/ *P1gub3*

LKK: IDAC: 131762

Surveyor:

*Phan*

DOI:

*16/8/19*

Date / Time: 16/08/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 210R  
 Name of Insured : SIANG HENG FISH MERCHANT PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :\$ D.O.A : 15/08/2019 12:45  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : TON CHAI HONG  
 Driver Tel No. : +65-94372917 (V/L: YES / NO)

Claim No. : S9M01X7A  
 Policy No. : P1506565  
 Make / Model : \_\_\_\_\_  
 Place of Accident : AYE

*lx*

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : 0 % Final ? Yes / No.

SHB2120T



INSRS: WSP: DING AUTOMOTIVE  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC
SHB 2120T - CC3/FCI13017011/Kgu2 ; DOA:06/07/13	Non-Reporting ltr (1st):	
NS/INC12019132/H1kn ; DOA:29/9/12	Non-Reporting ltr (2nd):	
GBD 210R - CC4/AIG17000706/Afa3n2 ; DOA:10/01/17	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ ( days) Reduction: %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$ ( days)		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input 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: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent )		2) Report Format:
Legal Cost S\$		3) Survey fee:
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

ASS. REC. BY:

*Z. Alan*

REF:

8396

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHB 2120T

at Workshop m/s DINH AUTO

of 31 CORPORATION RD

Insured: ABM

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

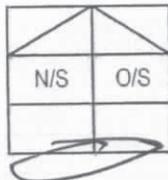
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: \_\_\_\_\_ 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 2120T Yr Regn: 2019 / AUH

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

Truck / Trailer or \_\_\_\_\_

Make: HYUNDAI AE IONIQ 1.6 c.c. 1580

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

Sp. Reading: 5597 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCC851CVKU/65085

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: 195/65 R15

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/08/19 D.O.I. 16/08/19

\*Survey held at DINH AUTO

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?  : Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?  
 2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Photos	
Others	
TOTAL	

Report Format: \_\_\_\_\_  
 Lump Sum / L.B.I: (\$ \_\_\_\_\_)