

INS. CASE OWNER:

CC6/LPC19014628/Uka3

LKK:

IDAC:

ASSIGNMENTSurveyor: **MARCUS**DOI: **21/08/2019**Date / Time : **21/08/2019**Registered in Merimen: **-**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBA 7196T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S\$ _____ D.O.A : **20/08/2019**

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****SGQ 116C**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SGQ 116C - CC6/AXA12019611/Aedq2; DOA:5/10/12	
	GBA 7196T - CS/AIG12022606/Kqu2; DOA:17/11/12	
	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: L/S \$S\$ 4,500.00 (4 days) Reduction: 7,528/63 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 12/6/2020 Confirm with LINA Email ☒ Call ☐	
Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : 24 (a)	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) 4,815.00 \$S\$ 2,407.50	
Loss of Rental (LOR): \$S\$ (5 days)	
Loss of Use (LOU): 300 \$S\$ 150 (\$ 60 x 5 days)	
Loss of Income (LOI): \$S\$ (\$ 150 x 5 days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search 2.00 \$S\$ 2.00	
Medical: \$S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement: \$S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost \$S\$	3) Survey fee: \$400
Total: 5,117.00 \$S\$ 2,559.50 Global Sum \$S\$: 2,559.00	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐	
Payee 1: \$S\$ 2,559.00	Name 1: FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.) \$S\$	Name 2: _____
Payee 3: (Strike if N.A.) \$S\$	Name 3: _____

(08/11/13) wef

ASS. REC. BY: *Marius*

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:

(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:

Date / Time

Action / Instruction

have video LRA 51167

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.

Yr Regn:

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, 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

TOTAL

Report Format :

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