

CC6/AIG19014631/Apb3

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1901

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/8/14

Date / Time :

20/8/14

Registered in Merimen:

20/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SFF 6785

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S

D.O.A : 10/8/14

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

SFF 9014

SFF 6785

SFF 6775C

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS: Success
WSP: United
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
28/12/2020	Pls refer to VIEWS for details.	
	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:
Repair Cost	L/sum \$S 3,100.00	(5 days) Reduction: 46 %
FINAL SETTLEMENT	Date/Time: 28/12/2020	Confirm with: Sirina
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28
Repair Cost:	w/GST \$S 3,317.00	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S 360.00 (\$ 60 x 6 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	\$S 2.00	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	
Legal Cost	\$S	
Total:	\$S 3,679.00	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 3,679.00	Name 1: Success United Pte Ltd
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3:

(23/07/03)

ASS. REC. BY:

REF:

Adrian

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. _____

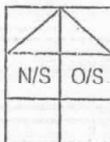
Claims No. _____

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 Report: _____ 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: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SJ66775C Yr Regn: 2008 JulyType: MC Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis C.C. 1598Colour: Silver A/C: Insured / Std / NI / NASp. Reading 156617 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053ZEE106112288Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. ob mm R/Bal. ob mmL/Bal. ob mm L/Bal. ob mmD.O.A. _____ D.O.I. 20/08/19Survey held at Success UnitedDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

LOE Expiry: 10/07/28

Date / Time Action / Instruction

TPAIG

MV: 421KPV: 33KNett: 91K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

3)

5)

Preli. Report

Final Report

2)

4)

6)