

INS. CASE OWNER:

Loh Chee Heng

CC6/AIG19014748/Uha3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

MARCUS

DOI: 22/08/2019

Date / Time: 22/08/2019

Registered in Merimen: 22/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 6352C

Name of Insured : GELHAUS GREGORY RICHARD

Insured Tel No. : HP: +65-98570253

Excess Sec II : \$\$ D.O.A : 21/08/2019

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age : RAMLAN BIN RAHMAT

Driver Tel No. : +65-91687877 (V/L: YES / NO )

Claim No. : 3148951325SG

Policy No. : 2100439574

Make / Model : LAND ROVER DISCOVERY 4-3.0

Place of Accident : 21 GHIM MOH ROAD CARPARK

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SVJ 7392M

INSRS:  
WSP: FASTECH  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                | SJV 7392M - X   | SJN 6352C - 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)              | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | After call ltr to OI:                         | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Authorisation To Act:                         | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Release Voucher:                              | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Final Repair Bill:                            | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Car Rental Invoice:                           | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Towing Invoice                                | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | LTA / GIA :                                   | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Medical Bill:                                 | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | PIR:                                          | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Mandate/Reject Instruction:                   | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | LOD                                           | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Payment Breakdown Form:                       | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Post-Repair Photos:                           | <input type="checkbox"/>                                     |
|                                                                                                                                           |                 |                                    | Others:                                       | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                             |                 |                                    |                                               |                                                              |
| <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\$             |                                    |                                               |                                                              |
| Disbursement:                                                                                                                             | S\$             | (e.g. Tow/ Independent )           | 1) Claim status: Normal/Reject/Private Settle |                                                              |
| Legal Cost                                                                                                                                | S\$             | 2) Report Format:                  |                                               |                                                              |
|                                                                                                                                           |                 | 3) Survey fee:                     |                                               |                                                              |
| Total:                                                                                                                                    | S\$             | Global Sum S\$:                    |                                               |                                                              |
| <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:                            |                                               |                                                              |

(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:

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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 / SUM /

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

):

Report Format :

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

TOTAL