

15/5/2010

INS. CASE OWNER:

CC³ /AIG1901 4960, KKK

LKK:

IDAC:

Surveyor:

Kenneth.

DOI:

ASSIGNMENT

27/8/14

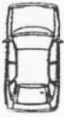
Date / Time:

21/8/14

Registered in Merimen:

26/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SFF 775U.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP:

Make / Model : _____

Excess Sec II : \$5

D.O.A :

18/8/14

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHE 94695.

INSRS:
WSP:
Tel :
Liability :
RMKS:Trans
cabINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SHE 94695 - 27/8/2020 SFF 775U - 18/8/14	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"/>	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
FINALIZATION Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost:	L/S \$5 900.00	(1.5 days)	Reduction:	33,863.80/97%	
FINAL SETTLEMENT Date/Time: 25/8/2020		Confirm with: WAI YIN		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: (w/ GST)	\$5 963.00				
Loss of Rental (LOR):	\$5 145.49	(1.5 days)	X \$96.99	PIR against Insured under Rule 29	
Loss of Use (LOU):	\$5 (\$ x days)				
Loss of Income (LOI):	\$5 75 (\$ 50 x 1.5 days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	\$5 7.49				
Medical:	\$5				
Disbursement:	\$5	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$5			2) Report Format: TP	
				3) Survey fee: \$320	
Total:	\$5 1,190.98	Global Sum \$5:		1,190.00	
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$5 1,190.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	\$5	Name 2:			
Payee 3: (Strike if N.A.)	\$5	Name 3:			

ASS. REC. BY:

REF: AA/MLKenneth

ASSIGNMENT

SHC 54595

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

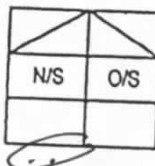
Sum Insured: _____ Excess: _____

(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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 5717e Yr Regn: 12.14

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995Colour: M. White / Red A/C: Insured / Std / NI / NASp. Reading: 482624 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC. 280944Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Giti

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 18/8/19

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 23/8/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Acc N/S

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

Date / Time Action / Instruction

1 File pass toLIB & 900

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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

Report Format :

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