

INS. CASE OWNER:

Loh Chee Heng

CC6/AIG19015124/A3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI: 27/08/2019

Date / Time : 27/08/2019

Registered in Merimen: 27/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 5826M

Claim No. : 0737187149SG

Name of Insured : NING NGUI NGI

Policy No. : 2100455197

Insured Tel No. : HP: +65-93368095

Make / Model : MERCEDES-BENZ E200

Excess Sec II : S\$ D.O.A : 20/08/2019 22:35

Place of Accident : LOR 108 CHANGI

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

SMC 6582C

INSRS:  
WSP: BEST  
Tel: SOLUTION  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	SMC 6582C - X	SKK 5826M - 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 checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
08/10/2020	SETTLED AND CLOSED / FILE IN DRAWER		Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 3,700.00 ( 5 days) Reduction: 67.16 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 09/10/2020	Confirm with: CUI PING	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 3,700.00		OI reversed and hit TP.
Loss of Rental (LOR):	S\$ 700.00 ( 7 days) X \$100.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.45		
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: \$320.00
Total:	S\$ 4,407.45	Global Sum S\$: 4,400.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 4,400.00	Name 1: BEST SOLUTION AUTOCARE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

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 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

Date / Time Action / Instruction

TPA16

MV:

PV:

Nett:

Veh No: SMC6582C Yr Regn: 2018 JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra C.C. 1591Colour: Red A/C: Insured / Std / NI / NASp. Reading 31636 T/Radio: Insured / Std / NI / NA

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

C/No: KMH9841CMJu704609Gen. 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: 205/55R16R: 205/55R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 27/08/19Survey held at Best SolutionDes. 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?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic &amp; Add.

S + RS, SI

Photos

Others

TOTAL