

INS. CASE OWNER: **Ler, Bernard****CC6/AIG19015266/Uha3**

LKK:

IDAC:

ASSIGNMENTSurveyor: **MARCUS**DOI: **29/08/2019**Date / Time : **29/08/2019**Registered in Merimen: **29/08/2019****Pre-assign / CCU / FTE**

	Insured Vehicle No. :	SKU 6292T	Claim No. :	6611140013SG
	Name of Insured :	LIM BOON CHYE	Policy No. :	2100423725
	Insured Tel No. :	HP: +65-98632146	Make / Model :	MERCEDES-BENZ C180
	Excess Sec II :S\$	D.O.A : 28/08/2019 12:55	Place of Accident :	ALONG BALESTIER RD TWDS THOMSON RD
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. :			Insured Liability : % Final ? Yes / No	

SJD 10G
 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	
SJD 10G - NA1/AIG08015543/c1; DOA: 18/05/08 SKU 6292T - X	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:	☐	☐	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐	
		Others: ☐	
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐	
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee:	
Total: S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
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:

A161
ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SD106

at Workshop m/s

HL

of

Insured:

S144 6292T

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

22/1
Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Following LTA 51462

Veh No:

SD106

Yr Regn:

3.11

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

Truck / Trailer or

CA1

Make:

Porsche Cayenne

C.C

3598

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

118075

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W91222922B LA05264

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

other

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

25-5/55 R18

R:

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

TOYO / YOKO or

continental

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

28/8/19

D.O.I.

29/8/19

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?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

TOTAL

Report Format :

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