

15/5/2010

INS. CASE OWNER:

CC 4/III1901 5550, P1 pb3/2

LKK:
IDAC:

Surveyor:

Bhsul

DOI:

ASSIGNMENT

4/9/19

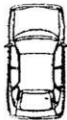
Date / Time:

2/9/19

Registered in Merimen:

2/9/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3221P

Name of Insured : CTPL

Insured Tel No. : HP: 27/8/19

Excess Sec II :SS D.O.A: 27/8/19

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

If NO. Driver Name / Age : UM HOON LAM

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : M1100019

Make / Model : Hyundai

Place of Accident : RIVER ANGEY RD

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

Insured Liability : % Final ? Yes / No

SGX 787AB

INSRS: Autoclinic
WSP: Group
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGX 787AB - 1	Non-Reporting ltr (1st):	
	SHD 3221P - 11/11/2020 (10/10/2020) (10/10/2020)	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:	SS	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with: Anthony
Final Liability:	%	(Agreed / Assessed), BOLA S/N No.:	27
Repair Cost:	SS 1300.00		
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(S x days)	
Loss of Income (LOI):	SS	(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS 7.45		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost	SS		
Total:	SS 1307.45	Global Sum SS:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	SS 1307.45	Name 1:	Autoclinic Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

ASS. REC. BY: PamREF: IR

373B

10/11/2022/01

ASSIGNMENT

From:

Date: 4/9/2019

Estimated Cost:

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

To Inspect Vehicle No: SGX 7879Bat Workshop m/s Autoclinic Group of Companiesof H8 Tsh Guan Rd East #02-136

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

4/9/2019 12pm

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

27K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGX 7879B

Yr Regn:

2007 / NOVType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Civic 2.0 LAC.C. 1998

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading:

156581

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMFD 2640 7S201662

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45 2R17

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

27/08/19

D.O.I.

04/09/19

Survey held at

AUTOCLINIC

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

Rear o/s

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

Date / Time

Action / Instruction

45# 1300 Cheel \$ 846.21 / 397.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)