15/5/2010

INS. CASE OWNER:

CC 4/III1901 5550 / R1 pb39

LKK:

IDAC:

ASSIGNMENT

Surveyor: Rasul

DOI: 4/9/19.

Date / Time: 7/9/19

Registered in Merimen: 7/9/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3231P.

Claim No. :

Name of Insured : CTPL

Policy No. : MLOMOOLO

Insured Tel No. :

HP:

Make / Model : HYUNDAI

Excess Sec II :S$

D.O.A : 27/8/19

Place of Accident : RIVER VALLEY RD

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : LIM HOON LAM.

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

SGX 7879B →

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

Date/ Time	
	SGX7879B – X
	SHD3231P – CCU/ASM 190104051D gp3 011...
9/9/19 –	TL VDS
9/12/19 –	File-s type mandate.
21/01/2020 –	DV sent

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)		
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: Confirm by: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: 21/1/2020 Confirm with Anthony Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed), BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: S$ 1300.00

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$ 7.45

Medical: S$ –

Disbursement: S$ – (e.g. Tow/ Independent)

Legal Cost S$ –

Total: S$ 1307.45 **Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format: Exp

3) Survey fee: $350.00

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1307.45	Name 1:	Autoclinic Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: [signature] | REF: [initials]

373B
LOT XPIRY: 2022/OCT

ASSIGNMENT

From: Date: 4/9/2019

Estimated Cost:

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

To Inspect Vehicle No: SGX 7879 B

at Workshop m/s Autoclinic Group of Companies

of 48 Toh 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.

N/S	O/S

Bal. or Market Value: 27K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGX 7879B Yr Regn: 2007 / NOV

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

Make: HONDA CIVIC 2.0L A c.c 1998

Colour BLACK A/C: Insured / Std / NI / NA

Sp.Reading 156581 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFD26407S201662

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45ZR17

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
	YS$ 1300 Creed $ 846.21 / 39%.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

__S + RS. __SI

Photos

Others

TOTAL

Report Format :

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