INS. CASE OWNER CC 4 /III1901 5642, T2~~~~~~~~~52 S3 P

LKK:
IDAC:

ASSIGNMENT

Surveyor: Tanfikh DOI: 3/9/19 Date / Time: 2/9/19

Registered in Merimen: 4/9/19

Pre-assign / CCU / FTE

Insured Vehicle No.	SHD 3661G	Claim No.	:
Name of Insured	LTPL	Policy No.	: M1 [illegible]
Insured Tel No.	HP:	Make / Model	: HYUNDAI
Excess Sec II :S$	D.O.A: 28/8/19	Place of Accident	: ALEXANDRA RD

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

If NO, Driver Name / Age: CHENG SIEW HOCK

Driver Tel No.: (VIL. YES / NO)

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

Insured Liability: % Final ? Yes / No

SHD 3661G → SKE5505X → GBH 4800R →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: LKC	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS: 01	RMKS: TP	RMKS:	RMKS:

Date/ Time	
	SKE5505X – t SHD3661G – t
	liability clear via merimen
6/11/19	– File → type mandate
17/2/2020	– DV sent
28/2/2020	– File → MK fucture

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:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/2/2020	Confirm with: Amanda	~~Email ☐ Call ☐~~
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28, Ass. Lia:
Repair Cost: w/GST	S$ 68386.73		
Loss of Rental (LOR) w/GST	S$ 3210.00	(30 days x $100.00	
Loss of Use (LOU):	S$ –	($ x days)	
Loss of Income (LOI):	S$ –	($ x days)	COPY SENT 2/3/2020
~~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: $600.00
Total:	S$ 71596.73	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	~~Email ☐~~ Call ☐
Payee 1:	S$ 71596.73	Name 1: Cycle & Carriage Industries Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor: Taufik | REF: 191

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.

N/S	O/S
	X

Bal. or Market Value: $175K.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 24 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: | Person Contacted: | Vehicle: IN / OUT Man

Veh No. SKE 5505X Yr Regn: 2019 Feb

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

Make: Mercedes Benz C180 c.c 1595.

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

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

Eng/No:

C/No: WDD2050402R447456.

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: 225/50R17

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.		D.O.I.	3/9/19

Survey held at C&C Pandan

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

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

Date / Time	Action / Instruction
	Battery weak Repair hours $110K.
	P/P $ 639283 CRoad # 15062.75 / 19%2
	24 + 4 Sun + 2PRS = 30 days

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: __S + RS__SI

Photos

Others

TOTAL