

INS. CASE OWNER: Chan Kian Meng

CC6/AIG19015697/Aka3

LKK:

IDAC:

Surveyor:

WMP

DOI:

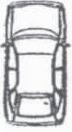
ASSIGNMENT

31/9/19

Date / Time : 03/09/2019

Registered in Merimen: 04/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SBH 65Y

Name of Insured : PHUA LYE KHIM

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A : 31/08/2019 17:55

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

If NO, Driver Name / Age : WAN TECK GUAN

Driver Tel No. : +65-81230065 (V/L: YES / NO)

Claim No. : 6535105696SG

Policy No. :

Make / Model : MERCEDES-BENZ E200

Place of Accident : SIN MING AVENUE & UPPER THOMSON JUNCTION TRAFFIC

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

Insured Liability : % Final ? Yes / No

SJR 3640U

INSRS:
WSP: ADVANCE
Tel : AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SBH 65Y - X	SJR 3640U - 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)	
			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: 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:		

ASS. REC. BY:

REF:

56971ALC

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.

N/S	O/S

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

Veh No: SJR 3640U Yr Regn: 2009 / JuneType: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C.C. 1597Colour Blue A/C: Insured / Std / NI / NASp. Reading 125498 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2040452A2 77266Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 3/09/19Survey held at Advance AutoDes. of Damages: Frt Rea / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP AIG.

COE Expiry: 21/06/29.

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Preli. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL