

INS. CASE OWNER:

CC3/CTI19015914/Ega3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

STEVE

DOI: 06/09/2019

Date / Time : 06/09/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 8053A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 5/9/19

Place of Accident : _____

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. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMB 1470E

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	SMB 1470E - CC3/CTI19015914/Ega3; DOA: 5/9/19 YN 8053A - 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: L/SUM S\$ 1,450.00 (1 days) Reduction: 15 % Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: 15.01.2021 Confirm with: PATRICK Email ☒ Call ☐				
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :				
Repair Cost: 1,450.00 S\$ 725.00				
Loss of Rental (LOR): S\$ (days)				
Loss of Use (LOU): 500.00 S\$ 250.00 (\$ 250 x 2 days)				
Loss of Income (LOI): S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$ 7.00				
Medical: S\$				
Disbursement: S\$ (e.g. Tow/ Independent)				
Legal Cost S\$				
Total: S\$ 982.00 Global Sum S\$: _____				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1: S\$ 982.00 Name 1: SMRT BUSES LTD				
Payee 2: (Strike if N.A.) S\$ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ Name 3: _____				

1) Claim status: Normal (Reject/Dispute/Settle)

2) Report Format: TP

3) Survey fee: 400.00

ASS. REC. BY:

REF:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMB 1470E

Yr Regn:

11/9/14

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

Truck / Trailer or

Make:

MAN NLJ20F

c.c.

10518

Colour:

Multi-Colour

A/C: Insured / Std / NI / NA

Sp. Reading

406813

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAA 22220E 7002196

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

275/70R225

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

TOYO / YOKO or

Fiml9

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

5/9/19

D.O.I.

6/9/19

Survey held at

SMRT

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

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Formas:

Lump Sum / L.B.Ts

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SMB1470E
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Sep 2019
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50338050283798
Chassis No.:	WMAA22ZZ0E7002196
Maximum Power Output:	-
Open Market Value:	\$257,053.00
Original Registration Date:	11 Sep 2014
First Registration Date:	11 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 06 Sep 2019

OK