15/5/2010

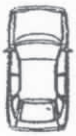
INS. CASE OWNER: Bennie Tan | CC3/AIG19015922/Ega3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 04/09/2019 Date / Time : 04/09/2019

Registered in Merimen: 09/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 3590X Claim No. : 2289443084SG

Name of Insured : MDM CHUA LAY CHIN Policy No. : 1900111311

Insured Tel No. : HP: +65-90295583 Make / Model : MAZDA 6-2.0 4-DOOR SEDAN (A)

Excess Sec II :S$ D.O.A : 04/09/2019 18:00 Place of Accident : NICOLL HIGHWAY GOING TO KPE

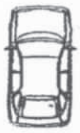
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

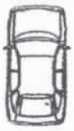
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMM 3590X → SHB 450D → SKX 2690M →

INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 450D - CC3/AIC09027547/T1n1r1; DOA: 03.12.2009
	CC3/AIG09009000/T1j; DOA: 23/4/09
	SMM 3590X- 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$ 2,900 (5 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23/4/2020 Confirm with Lee Gek Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: S$ 2,900

Loss of Rental (LOR): S$ 638.82 (6 days) X $106.47

Loss of Use (LOU): S$ 300 ($ 50 x 6 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$

3 vehicle chain collision,
Insured vehicle last

1) Claim status: Normal/[redacted]

2) Report Format: TP

3) Survey fee: $320

Total: S$ 3,846.27 **Global Sum S$:** 3,760

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

Payee 1:	S$ 3,760	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Steve | REF: AIG 1K921Eg

ASSIGNMENT

From: | Date: 6/9/19

Estimated Cost:

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

To Inspect Vehicle No: SHB 450 D

at Workshop m/s SMRT

of Woodlands Depot

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 Rport: | 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 up?

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHB 450 D | Yr Regn: 13/8/14

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

Truck / Trailer or

Make: Toyota Altis | c.c 1797

Colour Maroon | A/C: Insured / Std / NI / NA

Sp.Reading 487995 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN364305 747486

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: 195/50R15

R: 11

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	4/9/19	D.O.I.	4/9/19

*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
	09/19/2019
	SKX 269M
	SMM7599X

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	