

INS. CASE OWNER:

Chan Kian Meng

CC3/AIG19016041/Ena3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

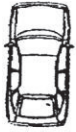
STEVE

DOI: 09/09/2019

Date / Time : 09/09/2019

Registered in Merimen: 10/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SDG 2121L

Name of Insured : KHOO WEI YEN, AUDREY (QIU HUIYAN)

Insured Tel No. : HP: +65-94507539

Excess Sec II :\$ D.O.A : 04/09/2019 07:25

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 6223719701SG

Policy No. : 1800130512

Make / Model : TOYOTA ESTIMA-2.4 (A)

Place of Accident : ALONG WOODLANDS STREET 81

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

Insured Liability : % Final ? Yes / No

SG 5802H

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

Date/ Time		STAGE	DATE / PIC
	SG 5802H } NBA/AIG19015729/Y; DOA: 4/9/19	Non-Reporting ltr (1st):	
	SDG 2121L } - CS/FCI15009623/M1ty3d1; DOA: 8/6/15	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)	<input checked="" type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
09/07/2020	SETTLED AND CLOSED		

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: P/P	\$S\$ 1,452.50 (2 days) Reduction: 57.77 %	Confirm by:	
FINAL SETTLEMENT Date/Time: 08/07/2020 Confirm with: PATRICK TAN		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 1,452.50	\$S\$ 726.25	BOTH TURNING	
Loss of Rental (LOR):	\$S\$ (days)		
Loss of Use (LOU): 700.00	\$S\$ 350.00 (\$ 350 x 2 days)		
Loss of Income (LOI):	\$S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S\$ 7.00		
Medical:	\$S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S\$	3) Survey fee: \$320.00	
Total:	\$S\$ 1,083.25	Global Sum \$S\$: 1,050.00	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	\$S\$ 1,050.00	Name 1:	SMRT AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	SMRT BUSES LTD
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	

ASS. REC. BY:

Steve

REF:

16041/EW

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:

SG 5802H

Yr Regn:

7/3/17

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

Truck / Trailer or

Make:

MAN A95

c.c

10518

Colour:

Matti Colour

A/C: Insured / Std / NI / NA

Sp. Reading

110415

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAA9522967093444

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:

275/70R22.5

R:

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

TOYO / YOKO or

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.

9/9/19

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?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / U.C. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL