15/5/2010

INS. CASE OWNER: CC3/CTI19016751/K1ha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 20/09/19 Date / Time : 20/09/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 9918C Claim No. :

Name of Insured : M/S AL-REHMAT TRADING PTE LTD Policy No. : DMCVSN1837901800

Insured Tel No. : HP: Make / Model : NISSAN NV350 PANEL VAN 2.5 5MT 5DR

Excess Sec II :S$ D.O.A : 18/09/2019 19:30 Place of Accident : ARAB ST

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

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

Driver Tel No. : +65-86248633 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 5452K → → →

INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5452K - CC3/AIG13008362/Kk1t2w2; DOA:6/5/13
	GBH 9918C NA/CTI19016595/z4 ; DOA: 18/09/19

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:	

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insped Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC5452K Yr Regn: 19 Nov, 2014

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

Make: Renault Latitude c.c 1995

Colour Red/white A/C: Insured / Std / NI / NA

Sp.Reading 503716 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15A4C280274

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: ~~Hitti Comfort~~

R: 215/60R16

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	18/9/19	D.O.I.	20/9/19

Survey held at Transcap.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s Body

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

Date / Time	Action / Instruction	
24/9/19	Estimate up $4400 / 4 Days.	CTZ

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ Weekend ($ _____

Report Format : _____

Lump Sum / I.B.I: /S _____

Survey Fee:	
Transportation:	
__S + RS, __SI	
Photos	
Others	
TOTAL	