15/5/2010

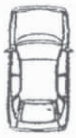
INS. CASE OWNER: Bennie Tan | CC6/AIG19016779/Aea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/09/2019 Date / Time : 23/09/2019

Registered in Merimen: 23/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 4973T Claim No. : 5429969503SG

Name of Insured : ONG SOON GUAN Policy No. : 1700071441

Insured Tel No. : HP: Make / Model : NISSAN QASHQAI-1.2 DIG-T

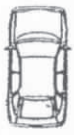
Excess Sec II :S$ D.O.A : 14/09/2019 16:30 Place of Accident : FARRER RD TO QUEENSWAY

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

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

Driver Tel No. : +65-90022927 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMH 1104G → → →



INSRS:
WSP: Ace Auto
Tel : Solution
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMH 1104G - X SLT 4973T - 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:	

16779 (Ae.

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

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

Vehicle: IN / OUT

Date: Person Contacted:

SMH1104G 2015 Jun.

Tyre: (C) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Opel Crossland. 1199

Colour: Black. A/C: Insured / Std / NI / NA

Sp.Reading: 5171 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOV7HSED7J4033407

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/50R17

R: 215/50R17

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

Front			Rear		
R/Bal:	06	mm	R/Bal:	06	mm
L/Bal:	06	mm	L/Bal:	06	mm

D.O.A: D.O.I: 23/09/19.

Survey held at: Ace Autosolution.

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
	TP A16.
	MV :
	PV :
	Nett :

Date/Time File Pass to: : Prelt. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time File Return to:

Sub Total: