LKK:	
IDAC:	

INS. CASE OWNER: **JIMMY FOO** | **CC4/AIG19016900/Kka3**

ASSIGNMENT
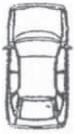
Surveyor: **KENNETH** DOI: 25//11/2019 Date / Time: 24/09/2019

Registered in Merimen: 25/09/2018

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJX 8367U** Claim No. : **4676150298SG**

Name of Insured : **Tsui Kin Kau** Policy No. :

Insured Tel No. : HP: 96737021 Make / Model :

Excess Sec II :S$ D.O.A : 13/09/2019 13:50 Place of Accident : BEDOK RESERVOIR RD > BLK 752 BEDOK RESERVOIR

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

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SMC 916M ———→ ———→ ——————— ———→ ——————

INSRS:
WSP: **ESTEEM PML**
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 916M - CC4/AIG18017184/Kka3q2; DOA: 14.09.18 SJX 8367U - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
27/11/2019	OINR. To send out first letter. File pass to Su Li.	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:

ASSIGNMENT

From:	Date: 05/11/2019

Estimated Cost: _____

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

To Inspect Vehicle No: SMC 916

at Workshop m/s Gsteem Performance

of Blk 5033 AMK Ind. Park 2 #01-259

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____   Excess: _____

(Client's Record)

Make of Veh: After 10.30am

(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: 02 days   Res.: **Yes** or **No**

Lum Sum: 1-B.1 %   3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS lwp)

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SMC 916 M Yr Regn: 06, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (A) Wagon

Make: Honda Shuttle c.c 1496

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 124277 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 1211706

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: 185/60R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A. 13/9/19		D.O.I. 25/11/19	

Survey held at _____

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**

1) ☐ : **Final Report**

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.J. ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_S+RS._SI	
Photos	
Others	
TOTAL	