15/5/2010

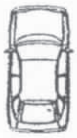
INS. CASE OWNER: LOH CHEE HENG | CC4/AIG19016937/R1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 25/09/2019 Date / Time : 25/09/2018

Registered in Merimen: 25/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 7421D Claim No. : 3954291562SG

Name of Insured : GOLDBELL CAR RENTAL PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model : HONDA SHUTTLE

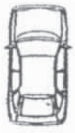
Excess Sec II :S$ D.O.A : 11/09/2019 11:50 Place of Accident : ALONG BUKIT TIMAH ROAD TOWARDS SHANGRI-LA HOTEL

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

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

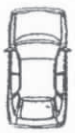
Driver Tel No. : +65-96944981 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SBS 6354R → → →



INSRS:
WSP: TOWER TRANSIT
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SBS 6354R - CC4/EQI18007747/R1wa3; DOA: 17.4.18
	- CC4/AIG17012717/R1ea3q2; DOA: 23.6.17
	SLX 7421D - 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:	

ASS. REC. BY: Rajan | REF: AIG | 417K

ASSIGNMENT

From: | Date: 25/9/19

Estimated Cost:

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

To Inspect Vehicle No: SBS 6354R

at Workshop m/s Tower Transit

of 21 Bullim Drive

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 (MP)

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SBS 6354R | Yr Regn: 2013 / PGB

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

Make: MERCEDES BENZ CITARO 0530 | c.c 6374

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

Sp.Reading 423002 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB62808323124607

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.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	11/09/19	D.O.I.	25/09/19

Survey held at TOWER TRANSIT

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?

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:	
___S + RS___SI	
Photos	
Others	
TOTAL	