

INS. CASE OWNER:

CC6/CTI19017586/Uka3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 07/10/2019

Date / Time : 07/10/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 5615Z

Claim No. :

Name of Insured : HENG KEE WET MARKET PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

MITSUBISHI FE83BEOSRDEA

Excess Sec II :S\$

D.O.A : 07/10/2019 11:15

Place of Accident : AYE TWDS TUAS B4 CLEMENTI RD EXIT

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

SJW 6044U

INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SJW 6044U - CC3/AIG14005328/Sry3w2; DOA:17/3/14 YN 5615Z - CC4/ICS17023599/Keb3s2; DOA: 07/11/17 - NA/LIP15019437/d2; DOA: 13/11/15	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:	☐	☐	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐	
Others:		☐	
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) wef

REF:

ASS. REC. BY: *MCC*

C71

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD *B* / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: *STW60444*
at Workshop m/s *24*
of *YN 53152*
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 *9193*
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: *STW60444* Yr Regn: *1/4 10*
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or *CA*
Make: *Subaru impreza* C.C. *1498*
Colour: *Grey* A/C: Insured / Std / NI / NA
Sp. Reading: *164617* T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: *JF16E3K5596 004519*
Gen. Cond: *Good* Fair / Poor / Burnt
Steering: *In order* / Jammed / Leaked / Burnt or
Brake: *In order* / Jammed / Leaked / Burnt or
Modi: *Nil* / S/Rim / STD A/Rim or
Tyre Size: F: *205/55R16*
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Falken*
Front *6* Rear *6*
R/Bal. _____ mm R/Bal. _____ mm
L/Bal. *6* mm L/Bal. *6* mm
D.O.A. *7/10/19* D.O.I. *7/10/19*
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
17A 9083 Sml Phys.

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

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI
☐ : Interview (\$ _____) Photos
☐ : Tech. Invs (\$ _____) Others
☐ : Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I: (\$ _____)

TOTAL
