

ASSIGNMENT

Surveyor:

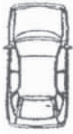
KENNETH

DOI: 10/10/2019

Date / Time : 09/10/2019

Registered in Merimen: 10/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 9217X

Claim No. : 4577313703SG

Name of Insured : PHUA WEE SENG (PAN WEI SHENG)

Policy No. : 1800058128

Insured Tel No. : HP:

Make / Model : TOYOTA VOXY-2.0(A)

Excess Sec II :S\$

D.O.A : 08/10/2019 17:00

Place of Accident : NEAR ENG NEO EXIT (PIE TOWARDS JURONG)

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : YEO KHENG HUI

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-93627931

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLX 7346M

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

Date/ Time	SLX 7346M - X	SLR 9217X - 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:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	P/P S\$ 4094.52	(4 days) Reduction: 5,702.56/58 %	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time: 20/11/2020	Confirm with: CARMEN	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 4,381.14			
Loss of Rental (LOR):	S\$ 303.76	(4 days) x \$75.94		
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\$ 7.45			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320	
Total:	S\$ 4,692.35	Global Sum S\$: 4,692.00		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 4,692.00	Name 1:	Esteem Performance Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

REF:

A19

ASSIGNMENT

From:

Date: 10.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SLX 7346M

at Workshop m/s - Estem Performance

of 385 sin ming Drive

Insured:

Policy No.

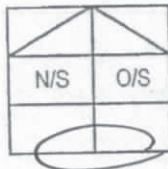
Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

map

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLX 7346M Yr Regn: 04 18

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

Truck / Trailer or

Wagon

Make:

Honda Shuttle

C.C.

1496

Colour

M. P. White

A/C: Insured / Std / NI / NA

Sp. Reading

137543

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP7 1104081

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.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

8/10/19

D.O.I.

10/10/19

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

Got injury

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Form:

Lump Sum / F.B. G:

S + RS. SI

Photos

Others

TOTAL