CC4/LPC19018539/Ers3q2

15/5/2010

INS. CASE OWNER: ~~CC 4/LPC1901 8539, Ed43~~

LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE   DOI: 18/10/19.   Date / Time : 18/10/19
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJL 53885.		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 14/10/19.	Place of Accident :	
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**

SMB 77P → ______ → ______ → ______

INSRS: WSP: SMRT Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMB77P - T
	SJL53885 - NA/LPC19010616/43 [illegible] 18/9/19

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: L/SUM	S$ 5,450.00 (5 days)	Reduction: 45 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/1/2021	Confirm with JIMMY	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,450.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$1,925.00 ($275 x 7 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LO ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.00		
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: 400.00
Total:	S$ 7,382.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,382.00	Name 1: SMRT Buses Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor Steve | REF: Lonpac

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured.

Policy No.

Claims No.

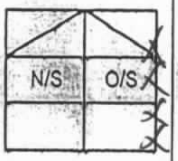
Sum Insured: Excess:

(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 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:

Veh No: SMB 77P Yr Regn: 30/6/99

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

Make: Mercedes-benz OC500LE c.c 11967

Colour Multi-Colour A/C: Insured / Std / NI / NA

Sp.Reading 850993 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: WEB6344 2021000186

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NII / S/Rim / STD A/Rim or

Tyre Size: F: 175/75R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firm 29

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	14/10/19	D.O.I.	18/10/19

Survey held at SMRT

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)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:) S + RS) SI

) Photos

) Others

) ..

TOTAL

Report Format :

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