

INS. CASE OWNER:

CC 3 /AIG1901

9337, Kdm

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

21/10/19

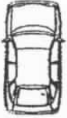
Date / Time:

21/10/19

Registered in Merimen:

1/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKS 8969Y

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

29/10/19

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

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

Insured Liability :

%

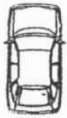
Final ? Yes / No

unknown

unknown

SKS 8969Y

SKD 2679

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: 61INSRS: Trans  
WSP: Cab  
Tel :  
Liability :  
RMKS: TP

| Date/ Time   | STAGE  | DATE / PIC  |
|--|--|---|
| SKD 2679-X   | Non-Reporting ltr (1st):   |   |
| SKS 8969Y-X  | 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)   | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | After call ltr to OI:  | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Authorisation To Act:  | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Release Voucher:   | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Final Repair Bill:   | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Car Rental Invoice:  | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Towing Invoice   | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | LTA / GIA :  | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Medical Bill:  | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | PIR:   | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | Mandate/Reject Instruction:  | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | LOD  | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|  | Payment Breakdown Form:  | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | Post-Repair Photos:  | <input type="checkbox"/> <input type="checkbox"/>                       |
|  | Others:  | <input type="checkbox"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By: Confirm by:                      |  |   |
| <b>FINALIZATION</b>  | Date/Time:   | Confirm with:   |
| Repair Cost:   | S\$ 1,650.00 ( 2 days) Reduction: 93 %   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>  | Date/Time: 15/04/2020  | Confirm with Ng Wai Yin   |
| Final Liability:   | % 100 (Agreed / Assessed) BOLA S/N No. : 28  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Repair Cost: (w/GST)   | S\$ 1,765.50   | If NO or B 28, Ass. Lia : 0%  |
| Loss of Rental (LOR):  | S\$ 297.39 ( 3 days) x \$99.13   | 5 veh C.C, OI was 2nd   |
| Loss of Use (LOU):   | S\$ - (\$ x days)  |   |
| Loss of Income (LOI):  | S\$ - (\$ x days)  |   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |   |
| GIA/LTA Search   | S\$ 7.49   |   |
| Medical:   | S\$ -  | 1) Claim status: Normal <del>Subject to Police Report</del>             |
| Disbursement:  | S\$ - (e.g. Tow/ Independent )   | 2) Report Format: TP  |
| Legal Cost   | S\$ -  | 3) Survey fee: \$320  |
| <b>Total:</b>  | S\$ 2,070.38   | Global Sum S\$:   |
| <b>FINAL PAYMENT</b>   | Date/Time:   | Confirm with:   |
| Payee 1:   | S\$ 2,070.38   | Name 1: Trans-Cab Auto Services Pte Ltd                                 |
| Payee 2: (Strike if N.A.)  | S\$  | Name 2:   |
| Payee 3: (Strike if N.A.)  | S\$  | Name 3:   |

ASS. REC. BY:

REF:

A/GI

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

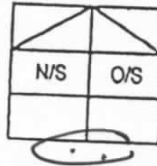
Claims No. \_\_\_\_\_

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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: S17D 2876 Yr Regn: 11, 15

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

Truck / Traller or \_\_\_\_\_

Make: Renault Latitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 658381 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VFIABCL15AUC 282311Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: MT / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 29/10/19 D.O.I. 31/10/19

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

1 / File pass to  
Govt injurL1 Rm @ 1650h

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. SI

Functos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)