15/5/2010

INS. CASE OWNER:

CC4/AIG19019989/Kda3

LKK:

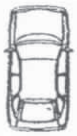
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/11/2019 Date / Time : 11.11.2019

Registered in Merimen: 11.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 4416T

Name of Insured : GOLDBELL CAR RENTAL PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 07/11/2019 07:30

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

Claim No. :

Policy No. : 999994313

Make / Model : NISSAN NV200

Place of Accident : ALONG KJE TOWARDS BKE (WOODLANDS) ~~AT LANE 3~~

6x

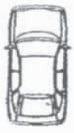
If **NO**, Driver Name / Age : MUHAMMAD FAHMI BIN MASHWARI

Driver Tel No. : +65-96976008 (V/L: YES / NO)

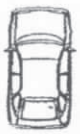
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

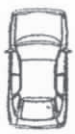
GBG 8502E → SHC 459A → GBC 4416T → SLJ 3328R



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI

INSRS:
WSP: RICARDO
Tel :
Liability :
RMKS: TP

Date/ Time	
	SLJ 3328R - X
	GBC 4416T - NBA/AIG19019812/Y; DOA : 07.11.2019
	- CC3/AIG14012586/H1za3w2 ; DOA : 03.07.14
	- CS3/EQI13005151/T1qu2; DOA: 13.3.13

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: Kenneth | REF: AIG/ 19489/kdan

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Richards

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: 06 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLJ 3328R Yr Regn: 12, 16

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

Make: Toy Wish c.c 1798

Colour M. P. White A/C: Insured / Std / NI / NA

Sp.Reading 57255 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGG20WX0J006120

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: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	7/11/19	D.O.I.	11/11/19

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
/	File pass to
11/11	Owner said owner wants to see all new parts.

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 ($ _____)

Report Format :

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

Survey Fee:	
Transportation: ___$ + RS.___SI	
Photos	
Others	
TOTAL	