

INS. CASE OWNER:

Lionel Tan

CC4/FWD19020068/Apa3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

ADRIAN

DOI: 12/11/2019

Date / Time : 11.11.2019

Registered in Merimen: 12.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGK 7775K

Name of Insured : MUTHUKRISHNAN RAGHURAM

Insured Tel No. : HP: +65-92969765

Excess Sec II : S\$ D.O.A : 31.10.2019

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. :

Policy No. : PNPV2019-00014023

Make / Model : TOYOTA CAMRY 2.0 AUTO ABS AIRBAG

Place of Accident : MAKENA CONDO MEYER ROAD

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

Insured Liability : % Final ? Yes / No

SLL 6636X

INSRS:  
WSP: HO BENG  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                | SLL 6636X - X | SGK 7775K - 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:                                        |                                                              |
|                                                                                                                                                           |               |                                    | <b>Documentation Check List:</b>                             | <b>Handler</b>                                               |
|                                                                                                                                                           |               |                                    |                                                              | <b>Typist</b>                                                |
|                                                                                                                                                           |               |                                    | Notification ltr (if non-pickup)                             | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | After call ltr to OI:                                        | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Authorisation To Act:                                        | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Release Voucher:                                             | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Final Repair Bill:                                           | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Car Rental Invoice:                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Towing Invoice                                               | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | LTA / GIA :                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Medical Bill:                                                | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | PIR:                                                         | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Mandate/Reject Instruction:                                  | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | LOD                                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Payment Breakdown Form:                                      | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Post-Repair Photos:                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                           |               |                                    | Others:                                                      | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time:    | Sent By:                           |                                                              |                                                              |
| <b>FINALIZATION</b>                                                                                                                                       | Date/Time:    | Confirm with:                      | Confirm by:                                                  |                                                              |
| Repair Cost:                                                                                                                                              | S\$           | ( days) Reduction:                 | %                                                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | Date/Time:    | Confirm with                       | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |               |                                    |                                                              |                                                              |
| GIA/LTA Search                                                                                                                                            | S\$           |                                    |                                                              |                                                              |
| Medical:                                                                                                                                                  | S\$           |                                    |                                                              |                                                              |
| Disbursement:                                                                                                                                             | S\$           | (e.g. Tow/ Independent )           |                                                              |                                                              |
| Legal Cost                                                                                                                                                | S\$           |                                    |                                                              |                                                              |
| <b>Total:</b>                                                                                                                                             | S\$           | <b>Global Sum S\$:</b>             |                                                              |                                                              |
| <b>FINAL PAYMENT</b>                                                                                                                                      | Date/Time:    | Confirm with:                      | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| 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:

REF:

## 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.

|     |     |
|-----|-----|
|     |     |
| 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

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

Vehicle: IN / OUT

Veh No: SLL6636X - Yr Regn: 2017, March.Type: MCap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or MCapMake: Hyundai Tucson. c.c. 1999Colour: Brown. A/C: Insured / Std / NI / NASp. Reading: 40473 T/Radio: Insured / Std / NI / NA

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

C/No: KMH J3813MHU413903Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModf: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55R18.R: 225/55R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 12/11/15.Survey held at Ho Beng.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
|             | <u>TP FWD.</u>       |
|             |                      |
|             |                      |
|             | <u>mv :</u>          |
|             | <u>PV :</u>          |
|             | <u>Nett :</u>        |
|             |                      |
|             |                      |

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 (\$ \_\_\_\_\_)

S + RS. SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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