

Surveyor:

Adwan

DOI:

ASSIGNMENT

20/11/19

Date / Time :

20/11/19

Registered in Merimen:

20/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMJ 6032 L

Claim No. :

8922189550SG

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/11/19

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

STY 4681H

INSRS:
WSP:
Tel :
Liability :
RMKS:mg
solutionINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
STY 4681H smf6032L SETTLED AND CLOSED	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:	☐	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 5,400.00 (5 days)	Reduction: 27.80 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/05/2020	Confirm with SHARON CHIA	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 5,778.00		OI CHANGED LANE
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 840.00 (\$120 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\$ 7.45		
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: \$320.00
Total:	S\$ 6,625.45	Global Sum S\$: 6,600.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 6,600.00	Name 1: MG SOLUTION PTE LTD	
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: SJY4681H Yr Regn: 2010 / Sept.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volvo S80. C.C. 2521
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 239731 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: YVIAS6050A1131859
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/50R17.
 R: 225/50R17.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Nexen.
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 20/11/19.
 Survey held at M6 Solution.
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front m/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP AIG.

MV : L/S = \$5400
 PV : R= \$14028.51/ 27.80%
 Nett:

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Report Format: _____

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