15/5/2010

INS. CASE OWNER: LOH CHEE HENG | CC4/AIG19020914/R1ea3 | LKK: IDAC:

## ASSIGNMENT

Surveyor: RASUL DOI: 26.11.2019 Date / Time : 26.11.2019

Registered in Merimen: 29.11.2019

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKT 252D Claim No. : 5006666659SG

Name of Insured : NG HUI KOON Policy No. : 1900072699

Insured Tel No. : HP: +65-97951919 Make / Model : MERCEDES-BENZ GLC250

**Excess Sec II :S$** D.O.A : 25/11/2019 14:30 Place of Accident : T/L JUNCT JURONG TOWN HALL RD & WEST ME ~~COAST RD~~

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

If **NO**, Driver Name / Age : ANG OH CHUEK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98427523 (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SBS 3345L → → →

INSRS:
WSP: TOWER
Tel : TRANSIT
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SKT 252D - CC4/AIG19009276/Keb3q2; DOA: 20.5.19 |
| | SBS 3345L - CC4/AXA17017780/T1eb3q2; DOA: 11.09.17 |
| | - NBA/TMI14003505/s4; DOA: 21.2.14 |

| 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: Rosa | REF: | 417K

# ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No: SBS 3345L

at Workshop m/s TOWER TRANSIT

of 21, Bulim DR

Insured: AIA

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 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: SBS 3345L | Yr Regn: 2013 / Jun

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

Make: VOLVO B9TL | c.c 9364

Colour GREEN | A/C: Insured / Std / NI / NA

Sp.Reading 449420 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV3S4P92XDA160575

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R: --

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 8 mm | R/Bal. | 8/8 mm |
| L/Bal. | 8 mm | L/Bal. | 8/8 mm |
| D.O.A. | 25/11/19 | D.O.I. | 26/11/19 |

Survey held at TOWER TRANSIT

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

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)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

Lump Sum / UP to :

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| __$ + RS__ SI | |
| Photos | |
| Others | |
| | |
| TOTAL | |