

ASSIGNMENT

Surveyor: **RASUL** DOI: **25/11/2019** Date / Time : **25.11.2019**
Registered in Merimen: **26.11.2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJJ 1777P**
Name of Insured : **NG LAY YIAN YVONNE**
Insured Tel No. : _____ HP: **+65-92211177**
Excess Sec II :S\$ _____ D.O.A: **23/11/2019 13:15**
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **3705366653SG**
Policy No. : **1900163213**
Make / Model : **MERCEDES-BENZ GLA 200**
Place of Accident : **JURONG EAST INTERCHANGE
/ JURONG GATEWAY EXIT**

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

SBS 3420C



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



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SBS3420C - CS/EGI19020782/R1td3; DOA: 21.11.19	Non-Reporting ltr (1st):	
SJJ 1777P - 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"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P S\$ 3,320.00 (4 days) Reduction: 46.11 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 04/05/2020 Confirm with: LYNN AHMAD Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST) S\$ 3,552.40		
Loss of Rental (LOR): S\$ - (_____ days)		OI BEATS RED LIGHT
Loss of Use (LOU): S\$ 1,400.00 (\$ 350 x 4 days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 2.00		
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\$ 4,954.50 Global Sum S\$: 4,900.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 4,900.00 Name 1: TOWER TRANSIT SINGAPORE PTE LTD		
Payee 2: (Strike if N.A.) S\$ - Name 2: -		
Payee 3: (Strike if N.A.) S\$ - Name 3: -		

ASS. REC. BY: Paran

REF: AIG

2014/1/1h

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: _____

Veh No: SBS 3420C Yr Regn: 2014 / OCT
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: VOLVO B9TL 9.4LA c.c. 9364
 Colour: GREEN A/C: Insured / Std / NI / NA
 Sp. Reading: 394307 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 4V3S4PG27EA168232
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/R / STD A/Rim or _____
 Tyre Size: F: 275/0R22.5
 R: 2
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. 23/11/19 D.O.I. 25/11/19
 Survey held at TOWER TRANSIT
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S FR
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	P/P = \$3320
	R = \$3880 / 46.11%

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Date/Time, File Return to? _____
 Report Format: _____
 Lump Sum / U/C: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Meet end (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS \$	
Photos	
Others	
TOTAL	