

INS. CASE OWNER:

Lionel Tan

CC4/FWD19021026/Apa3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

27/11/2019

Date / Time : 27.11.2019

Registered in Merimen: 27.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 8997S

Claim No. : 1201900036833

Name of Insured : CHIA HAI POH

Policy No. : PNPV2018-00016704

Insured Tel No. : HP: +65-97596506

Make / Model : MERCEDES-BENZ E200K

Excess Sec II : S\$ D.O.A : 26/11/2019 01:05

Place of Accident : AIRPORT BLVD

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

If NO, Driver Name / Age : SAMUEL CHIA WEI HAN

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

Driver Tel No. : +65-92362269 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLD 3294K

INSRS:
WSP: N-51Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLD 3294K - X	Non-Reporting ltr (1st):	
SLG 8997S - CC4/FWD19020992/Upa3; DOA: 26.11.19	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:	Post-Repair Photos:	☐	Others:	☐
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:

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: SLD3294K Yr Regn: 2016 / JuneType: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Altis c.c. 1598Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 110816 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3REH104552351Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16

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

TOYO / YOKO or Habilead

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 27/11/14Survey held at N51Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear N/S

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

Date / Time Action / Instruction

TP FWD.

mv :

PV :

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: _____

____ S + RS ____ SI

Photos _____

Others _____

TOTAL

Report Format : _____

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