

INS. CASE OWNER: **Loh Chee Heng**

CC3/AIG19021057/Kka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **KENNETH**

DOI: **27.11.2019**

Date / Time : **27.11.2019**

Registered in Merimen: **28.11.2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBD 4527B**

Claim No. : **8589461191SG**

Name of Insured **DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD**

Policy No. : **0999994169**

Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A: **26.11.2019**

Make / Model : **TOYOTA HIACE VAN TURBO 4 DR AUTO**

Place of Accident : **1 TAI SENG DRIVE TO MAIN ROAD TAI SENG DRI**

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

If NO, Driver Name / Age : **YAZID BIN ABDUL SAMAT**

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

Driver Tel No. : **+65-88148404** (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SHB 9965B



INSRS:
WSP: **TRANS-CAB**
Tel: **AUTO**
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 9965B - CC3/ASM17022207/Kka3s2; DOA: 17.11.2017	Non-Reporting ltr (1st):	
- CC3/TP19013094/Ka3q2; DOA: 07.10.2016	Non-Reporting ltr (2nd):	
GBD 4527B - X	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: **L/S S\$ 3,500** (**5** days) Reduction: **24,505.20/88%** Email Call

FINAL SETTLEMENT Date/Time: **18/8/2020** Confirm with **WAI YIN** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : **100**

Repair Cost: (w/ GST) **S\$ 3,745.00** OID turning to main road, police outcome is against Insured for careless driving causing hurt.

Loss of Rental (LOR): **S\$ 486.78** (**6** days) X **\$81.13**

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\$ 7.49**

Medical: **S\$**

Disbursement: **S\$** (e.g. Tow/ Independent)

Legal Cost **S\$**

Total: **S\$ 4,239.27** **Global Sum S\$: 4,230.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: **S\$ 4,230.00** Name 1: **TRANS-CAB AUTO SERVICES PTE LTD**

Payee 2: (Strike if N.A.) **S\$** Name 2: _____

Payee 3: (Strike if N.A.) **S\$** Name 3: _____

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**

ASS. REC. BY:

REF:

AIG / 2057 / Mc

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Tans Cob

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: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S113 9985 B Yr Regn: 09, 13

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

Truck / Traller or AT

Make: Renault Latitude c.c 1995

Colour M. white / Red A/C: Insured / Std / NI / NA

Sp. Reading 567433 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABLISAUC 273441

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M/S/Rim / STD A/Rim or

Tyre Size: F: Sailun 215/60R16

R: Giti

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

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 7 mm

L/Bal. 8 mm L/Bal. 7 mm

D.O.A. 26/11/19 D.O.I. 27/11/19

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to</u> <u>GIA not ready</u>
	<u>11 Reg @ 3500</u>

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S + RS. \$ _____

Fuel \$ _____

Others _____

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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