

INS. CASE OWNER: **Bennie Tan**

Era3
CC3/AIG19021060/~~Era3~~

LKK:
IDAC:

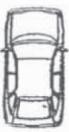
ASSIGNMENT

Surveyor: **STEVE** DOI: **27.11.2019** Date / Time : **27.11.2019**
Registered in Merimen: **28.11.2019**

Pre-assign / CCU / FTE

 Insured Vehicle No. : **SMJ 8975C** Claim No. : **7828941321SG**
Name of Insured : **TAI YONG CONSTRUCTION PTE LTD.** Policy No. : **1900067252**
Insured Tel No. : _____ HP: _____ Make / Model : **KIA CERATO**
Excess Sec II :S\$ _____ D.O.A : **07/11/2019 21:35** Place of Accident : **JUNC.OF WOODLANDS AVE 2TURN
RIGHT INTO AVE 9**
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : **PHUA EE LIN** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : **+65-86084377** (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SG 6018Z

 INSRs: **SMRT, WL**  INSRs: _____  INSRs: _____  INSRs: _____
Tel: _____ Tel: _____ Tel: _____ Tel: _____
Liability: _____ Liability: _____ Liability: _____ Liability: _____
RMKS: _____ RMKS: _____ RMKS: _____ RMKS: _____

Date/ Time	SG 6018Z - X	SMJ 8975C - X	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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input 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 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 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: _____ Confirm by: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	P/P	S\$ 527.00	(1 days) Reduction: 38 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 06/01/2021 Confirm with JIMMY 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:	S\$ 527.00			
Loss of Rental (LOR):	S\$	(_____ days)		
Loss of Use (LOU):	S\$ 570.00	(\$ 285 x 2 days)		
Loss of Income (LOI):	S\$	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.00			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal Project/Dispute/End	
Legal Cost	S\$	2) Report Format: TP		
Total:	S\$ 1,104.00	Global Sum S\$: 1,100.00	3) Survey fee: 320.00	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	S\$ 1,100.00	Name 1: SMRT Buses Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

Inspector **Steve**

REF:

206014d

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. _____

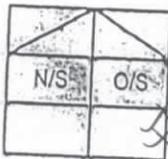
Sum Insured: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh. had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____

GIA / PR Seen: _____

Est. Repairs: _____

Lum Sum: _____

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SG 6018 Z**

Yr Regn: **3/12/18**

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

Truck / Traller or

Make: **MAN A95**

Colour **MULTI-COLOR**

Sp. Reading **90123**

G.C

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Eng/No: _____

CiNo: **WMAA 9522X KF 008977**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / **STD** A/Rlm or

Tyre Size: F: _____

R: _____

275/70R22.5

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

Front

R/Bal. **5** mm

L/Bal. **5** mm

D.O.A. **7/11/19**

Survey held at **SMRT**

Rear

R/Bal. **5** mm

L/Bal. **5** mm

D.O.I. **27/11/19**

Des. of Damages: Frt / Rear / **O/S** / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Proll. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Survey Fee: _____

Transportation: _____

) S + RS. SI

) Probs:

) Others

TOTAL

Report Format :

Imp Sum / I.B.I: (\$