15/5/2010

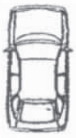
INS. CASE OWNER: Bennie Tan | CC3/AIG19021065/Eha3 | LKK: IDAC:

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. : YP 832K Claim No. : 4753881666SG

Name of Insured : AURENTAL PTE LTD Policy No. : 999994112/100876385

Insured Tel No. : HP: Make / Model : MITSUBISHI CANTER-3.0 D FEB21ER4SDEB (CBU) (M)

Excess Sec II :S$ D.O.A : 22.11.19 Place of Accident : ALONG YISHUN AVENUE 2

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

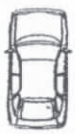
If **NO**, Driver Name / Age : STEPHEN S/O PAUL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-88304425 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SG 6019X → → →

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SG 6019X - X YP 832K - CC4/AIG19017351/Keb3; DOA: 30.9.19

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:	

Surveyor Steve | REF: 4065

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.

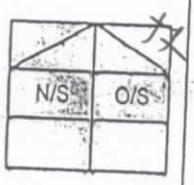
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SG6019X Yr Regn: 11/12/18

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

Make: MAN A95 c.c 10518

Colour Multi-Colour A/C: Insured / Std / NI / NA

Sp.Reading 91029 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: WMAA95ZZ6KF908311.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	22/11/19		D.O.I.	27/11/19	

Survey held at SMRT

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

ate/Time, File Pass to? ☐ : Proll. Report

☐ : Final Report

ate/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS - SI

) Photos

) Others

) ..

TOTAL

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech Invs ($

☐ : Weekend ($

eport Format :

ump Sum / I.B.I: ($)